The state of the s	accomplishments	Briefly describe your responsibilities and	THE STATE OF THE S	Supervisor's Name	Name of Company	accomplishments	Briefly describe your responsibilities and	Supervisor's Name	Name of Company	WORK HISTORY (Begin with most recent employer)	□YES □NO	vviii you work overline il required?	-	□YES □NO	employed under employed under another name? If YES, please list.	( ) - ( ) -	Home Phone Work Phone		Salary Requirements:  Type of Salary Requirements:  Type of Salary Requirements:	POSITION TITLE:		EMPLOYMENT A PO Box 767, 310 McKeo
			Topon Control of the	Your Job Title	Complete Street Address			Your Job Title	Complete Street Address	with most recent employe	□YES □NO	Will you relocate if job requires it?		, the transpose of the	e list:	□YES □NO	Work Holidays?	□FULL-TIME □PART-TIME □TEMPORARY	Social:			EMPLOYMENT APPLICATION, Town of Patagonia PO Box 767 310 McKeown Ave Patagonia, AZ 85624 (520)394-2229 fax (520)394-2861
			TATALAN TATALA		iress			Total transfer and		Are you employed now?	□YES	Have you	have you ever If YES, been discharged from employment    YES   NO	S □NO	have you plead guilty or no contest to, or been convicted (not necessarily a bar to employment)	□YES □NO	Work Weekends?	MPORARY	Social Security Number State/Dr			wn of Patagonia 5624 (520)394-2229 fax
Other information:	Other Information	Reason for Leaving:		Date Started	City, State, Zip	Other Information:	Reason for Leaving:	Date Started	City, State, Zip	□ yes □ no	ES NO	Have you ever been bonded?	If YES, please explain:	Life in the second seco	contest to, or been convicted of a loyment)	Town of P ☐YES	Have you ev	Date Avaliable to twork			and the second of the second o	520)394-2861
- The state of the			PER	Salary			T MINITAL OF A STATE O	Salary PER	T T T T T T T T T T T T T T T T T T T	May we contact vour		Are you ab require	Do you		of a crime? If YES, Convict necess	Town of Patagonia? ☐YES ☐NO	Have you ever worked for	in the U.S.?	Mailing Address (Include City, State, Zip)		<del></del>	
- A STATE OF THE S	THE PARTY NAMED OF THE PARTY NAM	TERRIPORTAL AND THE PROPERTY AND THE PRO		Date Left Sa	Phone Number	The state of the s	100 mm m	Date Left Sa	Phone Number	May we contact your present employer? 🎵 yrs	]YES □NO	Are you able to meet the attendance requirements of the position?	Do you have relatives working for Town of Patagonia?  S NO Name		If YES, please explain and give location: Convictions are evaluated in relation to a position and will not necessarily disqualify employment	7,	If YES, when ar	in you are not a U.S. Citizen, have you the legal right to work in the U.S.? ☐YES ☐NO	ty, State, Zip)		Received by:	Date received by Town of Patagonia
A Proposition of the last section of the last		THE STATE OF THE S	PER	Salary	The second secon	TO ANALYSIS	# W/ 1944	Salary PER		TYPS TINO	□YES □NO	Will you travel if job requires it?	אאת of Patagonia?		ion: to a position and will not		If YES, when and what position?	work				tagonia:

The second secon	er robe-laste	-		
Name of Company	Complete Street Address	City, State, Zip	Phone Number	
Supervisor's Name	Your Job Title	Date Started Salary PER	Date Left Salary	PER
Briefly describe your responsibilities and		Reason for Leaving:	THE PROPERTY OF THE PROPERTY O	
accomplishments		Other Information:		
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Name of Company	Complete Street Address	City, State, Zip	Phone Number	and in the state of the state o
Supervisor's Name	Your Job Title	Date Started Salary PER	Date Left Salary	PER
Briefly describe your responsibilities and		Reason for Leaving:		, and the second
accomplishments		Other Information:		
Comments: Include an explanation of any periods of unemployment	ny periods of unemployment			
				A CONTRACTOR OF THE PARTY OF TH
List special accomplishments, publications, awards, etc.	itions, awards, etc.			
		The state of the s		
List any additional information you would like us to consider	ould like us to consider			
References: List name, address and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.	number of three business/work references who	are not related to you and are not previous s	pervisors. If not applicable, list three	school or personal
Name	Telephone Number Address, City, State, Zip	, State, Zip	Number of y	Number of years known
Name	Telephone Number Address, City, State, Zip	, State, Zip	Number of years known	/ears known
Name	Telephone Number Address, City, State, Zip	, State, Zip	Number of years known	/ears known

Name of Organization	Name of Organization	Name of Organization	Additional Info	OTHER .	BUSINESSIOR	SCHOOL OF NURSING	POSTGRAD	COLLEGE	HIGHISCHOOL	SCHOOL SCHOOL	EDUCATION
			Additional Information: List professional, trade, business or civic associations and any office held. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veterans/reserve national guard or any similarly protected status.						Total Control	NAME OF SCHOOL	
Offices Held	Offices Held	Offices Held	le, business or civic a age, mental or physica	From (Year) To (Year)		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 2 3 4	1 2 0	900	CHECK LAST YEAR ATTENDED IN SCHOOL	T The state of the
Held	Held	Held	ssociations and a al disabilities, vete							DEGREE CERTIFICATE OR AREA OF STUDY	
		The state of the s	ny office held. Exclurans/reserve national	Uner skills:	☐ Operate Dictating Equipment	plicable):	ARENOULICENSE		ТҮРЕ	Sin	T Table
			de memberships th	List Software:	☐ CRT ☐ Word Proce	☐ Medical Terminology	ARE YOU LICENSED TO PRACTICE IN ARIZONA?		REGIS.#	ISES/CERTIFICATIONS/WHI	
	7948		office held. Exclude memberships that would reveal race	re:	10-key	rin	A? □YES □NO		EXP. DATE	TPROFESSIONAL LICENSES/CERTIFICATIONS WHICH ARE REQUIRED FOR THE POSITION YOU ARE APPLYING FOR	

## READ THE FOLLOWING APPLICANT STATEMENT CAREFULLY. THIS APPLICATION IS INVALID UNLESS SIGNED BY THE APPLICANT.

I hereby certify that the facts set forth on this application are true, complete and correct. I understand that any misrepresentation, falsification or willful omission herein shall be sufficient cause for immediate dismissal whenever it is discovered or refusal of employment. I authorize, without reservation, Town of Patagonia, its representatives, employees or agents to investigate all information contained in this application including contacting and obtaining information from all references (personal and professional), previous employers, public agencies, licensing authorities and educational organizations for furnishing such information about me. regarding Town of Patagonia, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations interview. I also grant permission to any previous employer to disclose any and all information concerning my previous employment. I hereby waive any and all rights and claims I may have institutions. I also authorize, without reservation, Town of Patagonia, its representatives, employees or agents to verify the accuracy of all information provided by me in my resume and job

consideration for employment on a basis prohibited by applicable local, state or federal law I understand that Town of Patagonia does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from

when reasonable suspicion indicating drugs or alcohol may have contributed to a work related accident or suspicious behavioral incident. I understand that some positions require pre-employment alcohol/drug testing. If this applies to me, I agree to submit to a test. I also understand I may be required to submit to drug or alcohol testing

it will be necessary to reapply and fill out a new application I understand that this application remains current for only one (1) year. At the conclusion of that time, if I have not heard from the Town of Patagonia and still wish to be considered for employment,

I understand that the terms of my employment, including working conditions, compensation, benefits, hours of work, work schedule, job assignment and location will be determined and/or changed of my position or other reasons as determined by the Town of Patagonia. within the discretion of the Town and pursuant to its applicable policies. Furthermore, I understand my employment can be terminated at any time due to lack of work, lack of funds, the elimination

employment for any specified period or definite duration. I understand that no Council Member, Department Head, Elected Official or representative of the Town is authorized to make any assurances Town Manager or his/her designee. to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and approved by the Town of Patagonia and signed by the I understand, if I am hired, that I am free to resign at any time with or without cause and without prior notice. I understand that this application does not constitute an agreement or contract for

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal laws require me to complete an I-9 form in this

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certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement

Applicant's Signature

Date\_\_

## AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Town of Patagonia to provide equal opportunity in employment. Selection and employment of applicants shall be made on the basis of their qualifications, without regard to age, disability, national origin, race, color, religion or sex

subject you to any adverse personnel decision or action. Town of Patagonia is an equal opportunity employer and provider. We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria. The following requested information is voluntary and necessary for statistical purposes in compliance with government regulations. This data is confidential and will be removed from your application and retained separately and will not be used in the hiring process. Failure to provide this information will not

Ĉ.	First Middle Middle	Telephone # ()
Street	City	State Zip
DATE:		
POSITION ADDITION FOR:		Check Referral Source :
		☐ Nogales International Ad
Chack One.		Other Publication or Ad
MALE EEMALE		☐ Tucson Newspapers Ad
		☐ Friend/Relative
Check One:	OT HISPANIC OR CATINO	☐ Internet
WHITE		☐ Walk-In
BLACK OR AFRICAN AMERICAN	ICAN	☐ Job Posting
HISPANIC		Other:
☐ AMER. IND/ALASKAN		
☐ PACIFIC ISLANDER OR NATIVE HAWAIIAN	TIVE HAWAIIAN	

☐ ASIAN