



Town of Patagonia
P.O. Box 767
Patagonia, AZ 85624
Phone: (520) 394-2229 Fax: (520) 394-2861

OFFICE USE ONLY: Date received: Received By:

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Position applied for: _____	Date: _____			
Name: _____				
LAST	FIRST	MIDDLE	MAIDEN	
Home Address: _____				
NUMBER	STREET	CITY	STATE	ZIP
Telephone Number: _____	Social Security No.: _____			
Email address: _____				
Salary Requirement: \$ _____	Type of Position: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Date Available for Work: _____		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Best time to contact you: <input type="checkbox"/> Morning <input type="checkbox"/> Daytime <input type="checkbox"/> Evening				
Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you provide verification of your eligibility to work in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you now or in the future require sponsorship for employment visa status?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever applied with us before? If yes, provide date: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any relative(s) working for the Town of Patagonia? If yes, provide name, relationship, and location: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been dismissed from employment or resigned in lieu of termination? If Yes, please explain: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a valid Driver's License?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a crime?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain number of conviction(s), nature of offense(s) leading to convictions, date(s) of conviction(s), sentence(s) imposed, and type(s) of rehabilitation.				

EDUCATION

Type of School	Name of School	Location (Complete address)	Course of Study	Diploma/Degree

Have you ever been in the Armed Forces? Yes No

Are you now a member of the National Guard? Yes No

Specialty: _____ Date Entered: _____

Discharge Date: _____ Type of Discharge: _____

WORK EXPERIENCE

Please list your work experience for the past five years, beginning with your most recent job held. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status. Attach additional sheets if necessary.

Name of Employer / Address / Phone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From: _____ To: _____	From: _____ To: _____

Your last job title: _____

Reason for leaving (be specific): _____

List the jobs you help, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your current/former employer? Yes No

Name of Employer / Address / Phone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From: _____ To: _____	From: _____ To: _____

Your job title: _____

Reason for leaving (be specific): _____

List the jobs you help, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your former employer? Yes No

SPECIALIZED / PROFESSIONAL EXPERIENCE

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

List professional, trade, business or civic activities and offices held.

Specialized Skills (Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Shorthand WPM _____	_____
<input type="checkbox"/> Typing WPM _____	<input type="checkbox"/> Word Processing	_____

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

PROFESSIONAL REFERENCES (do not include family members)

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION

IF APPLICABLE, PLEASE ATTACH RESUME TO THIS APPLICATION.

APPLICATION STATEMENT

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that a background check of my driving, criminal, credit or other records may be conducted before employment. I permit the Town of Patagonia to conduct a police and court records investigation of my background if relevant for the job for which I am applying. I also understand that as a condition of my employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States.

I authorize any and all of my current and previous employers, including the US Government or US Military, and other persons, registration and licensing boards, and educational institutions listed on my application, to provide the Town of Patagonia with any job related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes. Notwithstanding any provisions of federal or state law. I also waive any right I may have to review confidential material or information received by the Town of Patagonia from a person, employer or institution.

I understand I may be administered a pre-employment examination to assess my ability and suitability to meet the job requirements.

I understand I may be required to successfully pass a medical / physical examination and a drug screening examination. I hereby consent to a pre- and/or post-employment drug screening as a condition of employment, as required by the Town of Patagonia policies.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

I have read, understand and by my signature consent to all standards as listed above

Applicant's Signature

Date

The Town of Patagonia is an Equal Employment Opportunity Employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the Town of Patagonia depends solely on your qualifications.