



TOWN OF GILA BEND
644 W. PIMA STREET
P.O. BOX A
GILA BEND, ARIZONA 85337
OFFICE (928) 683-2255

EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

For application to be considered, you **MUST:** 1) type or print all answers; 2) supply all requested information, resumes may only serve as a supplement; 3) not falsify the application in any way; 4) provide comprehensive employment information, including volunteer work. The information you provide will determine your qualifications for employment or eligibility for evaluation.

GENERAL INFORMATION:

POSITION APPLYING FOR _____

NAME _____
(LAST) (FIRST) (INITIAL)

ADDRESS _____
STREET CITY/STATE ZIP

PHONE: HM () ____-____ MSG () ____-____

Are any of your relatives (marriage also), employed by the Town of Gila Bend?
YES ____ NO ____

IF SO, WHAT DEPT? _____

I will accept (check all that apply):

REGULAR	TEMPORARY
____ Full-time	____ Full-time
____ Part-time	____ Part-time

DAYS ____ EVENINGS ____ NIGHTS ____

ROTATING SHIFTS ____

Have you ever been convicted of any violations of federal, state, local or military law or statute?
 Yes ____ No ____ (if yes, explain)

NOTE: CONVICTION IS NOT NECESSARILY A BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED INDIVIDUALLY BASED ON JOB REQUIREMENTS.

Have you ever been terminated or forced to resign due to misconduct or unsatisfactory service?
 Yes ____ No ____ If yes, please explain: _____

EDUCATION, TRAINING AND SKILLS

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 OR GED				
Colleges/University or Trade Schools	City/State	Major Coursework	Sem. Hrs.	Degrees Completed
Professional Certificates, Licenses or Memberships:				
Driver's License? Yes ____ No ____ Classification _____ License Number _____				
List any specialized training you may have received that relates to this position (include number of hours and course content)				
List any equipment that you are able to operate that relates to this position				

Language Proficiency (other than English) <u>Language</u> <u>Speak</u> <u>Read</u> <u>Write</u> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Have you ever served in the U.S. Armed Forces? Yes _____ No _____ From (mo/yr) _____ To: _____ Type of Discharge <hr/> Specialized training or experience: <hr/> <hr/> <hr/>
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EXPERIENCE: Begin with your present or most recent position. List all jobs held, paid, or volunteer, over the last ten years. Your qualifications will be evaluated on the basis of the information provided on this application. You may attach a separate sheet if additional space is needed, or to include applicable experience prior to ten years ago.

Employer Name & address	List all Positions held	Annual Salary	Dates (mo/yr)	Hrs. Per Wk.
<hr/>	<hr/>	<hr/>	_____ To _____	<hr/>
<hr/>	<hr/>	<hr/>	_____ To _____	<hr/>
<hr/>	<hr/>	<hr/>	_____ To _____	<hr/>
Supervisor: _____	<hr/>	<hr/>	_____ To _____	<hr/>
Phone # _____				
# of employees you supervised: _____				

May we contact your present employer? Yes _____ No _____ Please list your primary job duties below:

REASON FOR WANTING TO LEAVE:

Employer Name & address	List all Positions held	Annual Salary	Dates (mo/yr)	Hrs. Per Wk.
_____	_____	_____	_____ To _____	_____
_____	_____	_____	_____ To _____	_____
_____	_____	_____	_____ To _____	_____
Supervisor: _____	_____	_____	_____ To _____	_____
Phone # _____				
# of employees you supervised: _____				

May we contact your present employer? Yes _____ No _____ Please list your primary job duties below:

REASON FOR WANTING TO LEAVE:

Employer Name & address	List all Positions held	Annual Salary	Dates (mo/yr)	Hrs. Per Wk.
_____	_____	_____	_____ To _____	_____
_____	_____	_____	_____ To _____	_____
_____	_____	_____	_____ To _____	_____
Supervisor: _____	_____	_____	_____ To _____	_____
Phone # _____				
# of employees you supervised: _____				

May we contact your present employer? Yes _____ No _____ Please list your primary job duties below:

REASON FOR WANTING TO LEAVE:

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Employer Name & address	List all Positions held	Annual Salary	Dates (mo/yr)	Hrs. Per Wk.
_____	_____	_____	_____ To _____	_____
_____	_____	_____	_____ To _____	_____
_____	_____	_____	_____ To _____	_____
Supervisor: _____	_____	_____	_____ To _____	_____
Phone # _____				
# of employees you supervised: _____				

May we contact your present employer? Yes _____ No _____ Please list your primary job duties below:

REASON FOR WANTING TO LEAVE:

Employer Name & address	List all Positions held	Annual Salary	Dates (mo/yr)	Hrs. Per Wk.
_____	_____	_____	_____ To _____	_____
_____	_____	_____	_____ To _____	_____
_____	_____	_____	_____ To _____	_____
Supervisor: _____	_____	_____	_____ To _____	_____
Phone # _____				
# of employees you supervised: _____				

May we contact your present employer? Yes _____ No _____ Please list your primary job duties below:

REASON FOR WANTING TO LEAVE:

READ THIS APPLICATION AND YOUR ANSWERS BEFORE SIGNING BELOW

I, hereby, certify that the facts contained in this application are true, accurate, and complete. I understand that any omissions or falsified statements on this application may be cause for disqualification for employment with the Town of Gila Bend, may cause my dismissal if employed by the Town. I, hereby authorize the Town of Gila Bend to verify the accuracy of all statements contained in this application, resume, and/or supplementals, and to contact any references and employers listed. I also authorize the employers/references listed to provide the release of all parties from any and all liability for any damages that may result from furnishing such information.

Applicant's Signature: _____ Date Submitted: _____