



TOWN OF YOUNGTOWN
12030 CLUBHOUSE SQUARE
YOUNGTOWN, ARIZONA 85363
OFFICE (623) 933-8286
TDD (623-974-3665)

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability or veteran status, or any other legally protected status. A qualified individual with a disability may request a reasonable accommodation during the employment process.

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:

<p>POSITION APPLYING FOR _____</p> <p>NAME _____ (LAST) (FIRST) (INITIAL)</p> <p>ADDRESS _____ STREET CITY/STATE ZIP</p> <p>PHONE: HM () _____ - _____ MSG () _____ - _____</p> <p>Are any of your relatives (marriage also), employed by the Town of Youngtown? YES ___ NO ___ IF SO, WHAT DEPT? _____</p>							
<p>I will accept (check all that apply):</p> <table><tr><td>REGULAR</td><td>TEMPORARY</td></tr><tr><td>____ Full-time</td><td>____ Full-time</td></tr><tr><td>____ Part-time</td><td>____ Part-time</td></tr></table> <p>SHIFT 8AM – 5PM ONLY _____ EVENINGS _____ NIGHTS _____</p> <p>ROTATING SHIFTS _____</p>	REGULAR	TEMPORARY	____ Full-time	____ Full-time	____ Part-time	____ Part-time	<p>Have you ever been convicted of any violations of federal, state, local or military law or statute? Yes ___ No ___ (if yes, explain _____ _____</p> <p>NOTE: CONVICTION IS NOT NECESSARILY A BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED INDIVIDUALLY BASED ON JOB REQUIREMENTS</p>
REGULAR	TEMPORARY						
____ Full-time	____ Full-time						
____ Part-time	____ Part-time						

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)
Language _____ Speak _____ Read _____ Write _____

Have you ever served in the U.S. Armed Forces? ___ yes ___ no
From (mo/yr) _____ To: _____
Type of Discharge _____

Specialized training or experience:

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.
_____	_____	_____	_____ To _____	_____
_____	_____	_____	_____ To _____	_____
Supervisor _____	_____	_____	_____ To _____	_____
Phone # _____	_____	_____	_____ To _____	_____
# of employees you supervise: _____	_____	_____	_____	_____

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 _____	_____
Supervisor _____	_____	_____	_____ To _____	_____
Phone # _____	_____	_____	_____ To _____	_____
# of employees you supervise: _____	_____	_____	_____	_____

May we contact this 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.
_____ _____ Supervisor _____ _____ Phone # _____ # of employees you supervise: _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ To _____ _____ To _____ _____ To _____ _____ To _____	_____ _____ _____ _____

May we contact this 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.
_____ _____ Supervisor _____ _____ Phone # _____ # of employees you supervise: _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ To _____ _____ To _____ _____ To _____ _____ To _____	_____ _____ _____ _____

May we contact this 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.
_____ _____ Supervisor _____ _____ Phone # _____ # of employees you supervise: _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ To _____ _____ To _____ _____ To _____ _____ To _____	_____ _____ _____ _____

<p>May we contact this employer? Yes ___ No ___ Please list your primary job duties below:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>REASON FOR WANTING TO LEAVE:</p>				

EOE

READ THIS APPLICATION AND YOUR ANSWERS BEFORE SIGNING BELOW

By signing this application, I certify that all information on this form is true to the best of my knowledge, and any omissions or mis-statements of facts may be cause for rejection of this application or discharge from Town service. I also authorize the Town of Youngtown to make all necessary and appropriate investigations allowable by law to verify the information provided. It is my responsibility to keep my department head advised about any changes of address or phone numbers.

DATE

SIGNATURE