

Application for Employment

Town of Wellton

28634 Oakland Avenue ■ P.O. Box 67
Wellton, Arizona 85356

(928) 785-3348 ■ Fax: (928) 785-4374 ■ TDD: (928) 785-3349

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep your information current and active. Be sure to sign and date the application. *Please type or print in ink.*

Personal Information

Full Name: _____

SSN: _____ Phone: _____

Mailing Address: _____

Physical Address: _____

City, State & Zip: _____

Position applied for: _____

Indicate the type of employment you will accept:

Full-Time Position Part-Time Position Temporary Position

Have you been previously employed with the Town of Wellton: Yes No

If yes, please give approximate dates of employment: _____

See attached resume. (*Go directly to "Additional Information" section if resume attached.*)

Educational Background

Circle highest grade completed: 5 6 7 8 9 10 11 12 College: 1 2 3 4

Graduate: Yes No Graduation date: _____ GED: Yes No

Vocational Training: _____ Graduate Training: _____

Name of last school attended: _____

Personal References

(Other than family members or previous employers.)

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

For Office Use Only

Applicant #: _____

Employee #: _____

Hire Date: _____

Position: _____

Rate: _____

Class: _____

Skill: _____

Other: _____

Notes: _____

Attachments:

- Resume
- Applicant Reference Check
- Applicant Interview
- Payroll Change Notice
- Employee DataCard

Previous Employment

(Place an by the Employer(s) you **do not** want us to contact. Begin current or most recent employer.)

Company Name: _____ Phone: _____

Address: _____

Employed: From: _____ To: _____ Position held: _____

Reason for leaving: _____ Last wage: _____

Company Name: _____ Phone: _____

Address: _____

Employed: From: _____ To: _____ Position held: _____

Reason for leaving: _____ Last wage: _____

Company Name: _____ Phone: _____

Address: _____

Employed: From: _____ To: _____ Position held: _____

Reason for leaving: _____ Last wage: _____

Company Name: _____ Phone: _____

Address: _____

Employed: From: _____ To: _____ Position held: _____

Reason for leaving: _____ Last wage: _____

Do you have a legal right to be employed in the U.S.? Yes No (If yes, proof is required.)

Are you of legal age to work? Yes No

I further agree and understand any offer of employment is contingent upon successfully passing an alcohol/drug screening test and background investigation.

Applicant's Signature: _____ Date: _____

Additional Information

To the applicant: Read this section carefully before answering any of the questions in this area. Answer the following questions only if the red box on the left of the question is checked. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal laws also prohibit other types of discrimination, such as age, citizenship, disability, veteran status, attainment of benefits, or participation in union activities. The laws of many states and localities also prohibit some or all of these types of discrimination, as well as prohibiting additional types of discrimination, such as discrimination based on ancestry, parental or marital status, sexual orientation or source of income. Only those questions checked below are believed by the employer to be needed for a legally permissible reason.

Do you have the ability to perform the essential job functions for which you have applied? Yes No
Are you able to perform each of the essential job functions listed for this position with or without accommodation? Yes No

Sex: M F Height: _____ ft. _____ in. Weight: _____ lbs. Birth Date: _____

Are you a Vietnam Veteran? Yes No Are you eligible to be bonded? Yes No

Do you have a relative who currently works for the Town of Wellton? Yes No If yes, who? _____

I understand the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge the information contained on this application is true. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and the Town of Wellton for either employment or the provision of any benefits; and further understanding that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the Town of Wellton will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the Town of Wellton unless made in writing and signed by me and an authorized representative of the Town of Wellton.

Applicant's Signature: _____ Date: _____