



# TOWN OF COLORADO CITY

P. O. Box 70 \* Colorado City, Arizona 86021

Phone & TDD: 928-875-2646 \* Fax: 928-875-2778

**APPLICATION FOR EMPLOYMENT**      Date: \_\_\_\_\_

APPLICATION FOR POSITION OF: \_\_\_\_\_

<b>NAME:</b> _____ <b>SSN:</b> _____		
<i>Last</i>	<i>First</i>	<i>Middle</i>
<b>ADDRESS:</b>		
P.O. BOX: _____	CITY: _____	STATE: _____
ZIP: _____		
STREET ADDRESS: _____		
<b>TELEPHONE:</b> HOME: (_____) _____ CELL: (_____) _____		
BUSINESS: (_____) _____ OTHER: (_____) _____		

IF YOU ANSWER YES TO ANY OF THE FOLLOWING 3 QUESTIONS, EXPLAIN BELOW:	YES	NO
1. Are any of your immediate relatives employed by the Town?		
2. Have you ever been convicted of a misdemeanor or felony other than minor/civil traffic offenses?		
3. Have you ever been dismissed from any job?		
Do you have a legal right to work in the United States?		

<b>EDUCATION</b>
Highest grade completed or number of years in school?
Do you have a high school diploma or a GED certificate?
Describe any other education or schools attended:
Describe any other skills or qualifications:

Depending on the position, offers of employment may be conditioned upon successful physical examination, drug screening, driving record and criminal history background check. All employees are required to comply with the Colorado City Town policies. This employment offer is an "at-will" relationship and the Town may terminate the employment relationship at any time with or without cause or notice, at its sole discretion.

When advised, reasonable accommodations will be made in order for an "otherwise qualified applicant" with a disability to participate in any phase of the recruitment process.

**EXPERIENCE:** List your last three jobs. List experience paid or volunteer that relates to the position for which you are applying. You may submit additional information to assist in evaluation of qualifications.

EMPLOYER:		
ADDRESS		
TELEPHONE NUMBER:		
NAME AND TITLE OF SUPERVISOR:		
EMPLOYMENT DATES:	FROM:	TO:
YOUR JOB TITLE:		
DESCRIPTION OF DUTIES:		

EMPLOYER:		
ADDRESS		
TELEPHONE NUMBER:		
NAME AND TITLE OF SUPERVISOR:		
EMPLOYMENT DATES:	FROM:	TO:
YOUR JOB TITLE:		
DESCRIPTION OF DUTIES:		

EMPLOYER:		
ADDRESS		
TELEPHONE NUMBER:		
NAME AND TITLE OF SUPERVISOR:		
EMPLOYMENT DATES:	FROM:	TO:
YOUR JOB TITLE:		
DESCRIPTION OF DUTIES:		

**CERTIFICATE OF APPLICANT:**

I certify that all statements made in this application and attachments are true and complete to the best of my knowledge. I authorize the Town of Colorado City to make investigations and inquiries of any of the facts set forth in this applications, as related to the requirements for the position for which I am applying, in arriving at an employment decision. I understand that any false or misleading information given, will subject me to disqualification or dismissal. I understand that I am required to abide by all rules and regulations of the Town.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*The Town of Colorado City is an Equal Opportunity/Affirmative Action employer, which complies with title VII of the Civil Rights Act as Amended and all applicable State and Federal laws prohibiting discrimination. Therefore it is the policy of the Town of Colorado City to make employment decisions without regards to race, sex, color, religion, national origin or ancestry, age, marital status, or handicap, except where such qualifications are Bona-Fide Occupational Qualifications.*