



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: _____

<p>NAME: _____</p> <p style="text-align: center; font-size: small; margin-left: 50px;"><i>Last</i> <i>First</i> <i>Middle Initial</i></p> <p>STREET ADDRESS: _____</p> <p>P.O. BOX: _____ CITY: _____ STATE: _____ ZIP: _____</p> <p>TELEPHONE: HOME: (____) _____ CELL: (____) _____</p> <p>EMAIL ADDRESS: _____ OTHER: (____) _____</p>

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? (If "yes", explain)		
Do you have a legal right to work in the United States?		

EDUCATION
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:

EXPERIENCE REFERENCES: List two people who would give a reference as to your work ethic. List supervisors, co-workers, or volunteers that would have an insight to your work history and abilities. You may submit additional information to assist in evaluation of qualifications.

REFERENCE NAME:		
ADDRESS		
TELEPHONE NUMBER:		
TITLE:		
HOW LONG AQUAINTED:	FROM:	TO:
JOB TITLE WHEN WORKING WITH THIS PERSON:		
DESCRIPTION OF DUTIES:		

REFERENCE NAME:		
ADDRESS		
TELEPHONE NUMBER:		
TITLE:		
HOW LONG AQUAINTED:	FROM:	TO:
JOB TITLE WHEN WORKING WITH THIS PERSON:		
DESCRIPTION OF DUTIES:		

Depending on the position, offers of employment may be conditionally offered 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 for an "otherwise qualified applicant" with a disability to participate in any phase of the recruitment process.

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 application, 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. There for, 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.