

Town of Dewey-Humboldt

2735 S. Hwy 69
 PO Box 69
 Humboldt, AZ 86329
 Phone: (928) 632-7362
 Fax: (928) 632-7365
 www.dhaz.gov

Application for Employment

We consider applicants for all positions without regard to race, creed, color, sex, age, disability, religion, veteran status, or national origin. Please complete a separate application for each job title. **Applications will not be accepted unless a position has been posted. Applications are position specific.**

(PLEASE PRINT)

Position Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other	

Last Name	First Name	Middle Name	
Address	Apt.	City	State
Telephone Number(s)		Valid Arizona Driver's License Number	
Acceptable salary (Please refer to the posted hiring salary range for the position you are applying for)			

Current Employee of Town Dewey-Humboldt Government..... Yes No

If you are under eighteen (18) years of age, can you provide proof of your eligibility to work? Yes No

Have you ever filed an application with us before? If Yes, give date _____ Yes No

Have you ever been employed with us before? If Yes, give date _____ Yes No

Are you currently employed?..... Yes No

May we contact your present employer prior to any job offer?..... Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
 (Proof of citizenship or immigration status will be required upon employment)..... Yes No

On what date would you be available for work?.....

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?..... | Yes | No

Can you travel if the job requires it?..... Yes No

Have you been convicted of a felony within the last seven (7) years? (Conviction will not necessarily disqualify you from employment)..... Yes No

If yes, please explain: _____

Are you related to, married to, or planning on marrying any Town employee or anyone on Town Council, Board, Commission? If yes, who _____ Yes No

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Junior High School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

(All college or university work claimed for meeting job requirements must be supported by official or unofficial transcripts, or a copy of the degree.)

EDUCATION (continued)

Indicate Any Foreign Languages You Can Speak, Read and/or Write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship skills, and/or professional certificates.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military assignments and volunteer activities. You may exclude organizations, if you wish, that indicate any protected status such as race, creed, color, sex, age, disability, religion, veteran status, or national origin. Please describe clearly the tasks performed or responsibilities as they relate to the job for which you are applying.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason For Leaving		# Of Hours Per Week			
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason For Leaving		# Of Hours Per Week			

EMPLOYMENT EXPERIENCE (continued)

3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason For Leaving			# Of Hours Per Week		

4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason For Leaving			# Of Hours Per Week		

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

References:					
Name		Name		Name	
Address		Address		Address	
City	State	City	State	City	State
Phone Number(s)		Phone Number(s)		Phone Number(s)	

Specialized Skills – Check Skills <input type="checkbox"/> Calculator <input type="checkbox"/> Computer <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Word Processing <input type="checkbox"/> Other _____	List Any Equipment Operated <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;">Driver's License Number if essential function of the job.</td> <td style="width: 10%;">State</td> <td style="width: 15%;">Type</td> </tr> </table>	Driver's License Number if essential function of the job.	State	Type
Driver's License Number if essential function of the job.	State	Type		

State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S SIGNATURE

Signature Required (read before signing)

By signing this application for employment, I certify that I have truthfully and completely answered all questions. I understand that falsification of any of the information given herein, on any other employment form, or during the interview is grounds for immediate termination, regardless of when such falsification may be discovered.

I expressly authorize, without reservation, Town of Dewey-Humboldt, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

Further, I understand that employment will be contingent upon successfully passing a post offer, pre-qualification drug screening test or other required test for safety-sensitive positions. I understand that my employment with the Town of Dewey-Humboldt is "at-will" and there are no contractual rights. I understand that there will be a probation period during which time an evaluation will be made as to my performance and suitability for the position; I further understand that the probation period does not alter the "at-will" status of my employment. I understand that no employee or representative of Town of Dewey-Humboldt has any authority to make any agreement that is contrary to the foregoing statements. If accepted for employment, I agree to comply with all of Town's policies, procedures, and with all rules and regulations made known to me at the time of employment or any other time thereafter, and to perform all duties assigned to me that are required by my supervisor. I understand that all applications are job specific. Another application must be filled out and submitted for any other positions or openings posted by the Town of Dewey-Humboldt.

I certify that I have read, fully understand and accept all terms of the foregoing statement.

Signature of Applicant _____ Date _____

FOR INTERNAL USE ONLY

Arrange Interview	Yes	No
Remarks	<input type="checkbox"/> Accept <input type="checkbox"/> _____	<input type="checkbox"/> _____ Reject <input type="checkbox"/> By _____ Date _____
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment _____ Interviewer _____ Date _____
Job Title	Hourly Rate/Salary _____	Department _____
Town Manager signature:	Date: _____	