**CITY OF WILLIAMS** **APPLICATION FOR EMPLOYMENT**

Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodation for the application and/or interview process should notify the City Clerk at (928) 635-4451

Position applied for: Date:

Name: Social Security #

Address:

(Mailing Address)

Telephone: Email:

Have you ever been employed here before ? yes no If yes, give dates and positions:

Are you legally eligible for employment in this country? Yes no

Date available for work:

Type of employment desired: full time part time temporary seasonal

Are you able to meet the attendance requirements of the position? yes no

Have you ever pled “Guilty” or “No Contest”, or been convicted of a crime? yes no

If yes, please provide dates and details: *Answering “yes” to these questions does not continue an automatic bar to employment. Factors such as the date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

Drivers license number if driving is an essential job function:

# Skills and Qualifications:

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position you are applying for:

**Educational Background:** (If job related)

School (Include City and State) Number of Level of Course

Years Completion of Study

**Employment History:** Starting with your most recent employer, assignments or volunteer activities please provide the following information for the last 10 years:

From: To: Starting job title: Final job title: Salary: Immediate supervisor/title: \_ May we contact for reference: yes no later

Reason for leaving:

Employer: Phone: Address:

Summarize the nature of work performed and job responsibilities:

From: To: Starting job title: Final job title: Salary: Immediate supervisor/title: \_ May we contact for reference: yes no later

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From: To: Starting job title: Final job title: Salary: Immediate supervisor/title: \_ May we contact for reference: yes no later

Reason for leaving:

Employer: Phone: Address:

Summarize the nature of work performed and job responsibilities:

# References:

Name Title Relationship Phone Number of years known

# Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain all 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 name 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.

I understand that this the employer does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 30 days.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with our without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no superiors or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Manager.

I understand that if any information provided by me is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cease consideration of this application or immediately discharge me from the employer’s service, whenever discovered.

I certify that I have read and fully understand and accept all terms of the foregoing Applicant Statement.

Name: Date:

The City of Williams is an Equal Opportunity Employer