

## 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 Human Resource Director at (928) 635.4451

Position applied for:		Date:	
Name:			
Address:			
Telephone:	(M	ailing Address)	
Have you ever been employ	ed here before? Circl	e one. Yes / No	
If yes, give dates and position	ons:		
Are you legally eligible for	employment in this c	ountry? Circle one. Yes / No	
Dates available for work:			
Type of employment desired	d: Circle desire. Full-	time / Part-time / Temporary /	Seasonal
Are you able to meet the atte	endance requirements	s of the position: Circle one.	Yes / No
Have you ever pled "Guilty'	' or "No Contest", or	been convicted of a crime: Cir	rcle one. Yes / No
If yes, please provide dates a Answering "yes" to these question and nature of the violation, rehabi	ns does not continue an au		such as the date of the offense, seriousness
Drivers license number if dr	iving is an essential j	ob function:	
Skills and Qualifications:			
	are applying for:		as being able to perform job-related
Educational Background:	(If job related)		
School (Include City and State)	Number of Years	Level of Completion	Course of Study



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**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:
Immediate supervisor/title:	
May we contact for reference: Circle one. Yes / No /	Later
Reason for leaving:	
Employer:	Phone:
Address:	
Address: Summarize the nature of work performed and job res	sponsibilities:
ı J	1
	<del></del>
From:	To:
	To:
Starting job title:	Final job title:
Immediate supervisor/title:	
May we contact for reference: Circle one. Yes / No	Later
Reason for leaving:	<del></del>
Employer:	Phone:
Address:	
Address: Summarize the nature of work performed and job res	sponsibilities:
Г	т.
From:	
Starting job title:	Final job title:
Immediate supervisor/title:	<del></del>
May we contact for reference: Circle one. Yes / No	Later
Reason for leaving:	
Employer:	Phone:
Address:	
Summarize the nature of work performed and job re-	sponsibilities:



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References Name	: Title	Relationship	Phone	Number of years known	
Applicant S	Statement				
I certify that complete, as		n I have provided in orde	r to apply for an	d secure work with the employer is true	е,
obtain all in authorities a in this appli employer, it	formation from and educational cation, resume ts agents, emplo	a all references (personal institutions and to other or job interview. I hereby byees or representative, for	and professional wise verify the ac y waive any and or seeking, gath	tatives, employees or agents to contact ), employers, public agencies, licensing ecuracy of all information provided by all rights and claims I may have regard ering, and using such information in the ions for furnishing such information about the content of th	g name ling the e
application	is used for the 1		cusing any applic	in employment and no questions on the cant from consideration for employment	
I understand	d that this appli	cation remains current fo	r 30 days.		
the employed prior notice, employmen employer is	er reserves the s , except as may t for any specif authorized to r	same right to terminate my be required by law. This red period or definite durnake any assurances to the	y employment as application does ation. I understance contrary and the	or without cause and without prior notice t any time, with or without cause and we is not constitute an agreement or contract and that no superiors or representative of that no implied, oral or written agreement in writing and signed by the City Management	vithout ct for of the ents
respect, will	l be sufficient c			alse, incomplete or misrepresented in a ation or immediately discharge me from	
According to be eligible		rsonnel policies Section 6	5.05(D), all appli	cants for City positions are to be drug	tested
I certify tha	at I have read	and fully understand ar	nd accept all ter	ms of the foregoing Applicant Staten	nent.
Name:				Date	