



TOWN OF PINETOP-LAKESIDE  
1360 N. NIELS HANSEN LANE  
LAKESIDE, AZ 85929  
(928) 368-8696

**APPLICATION FOR EMPLOYMENT**

**READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE  
FILLING OUT YOUR APPLICATION FOR EMPLOYMENT**

**TYPE OR PRINT CLEARLY IN INK ONLY.**

All requested information must be furnished.

If an item does not apply to you, or if there is no information to be given, write in the letters "NA" for Not Applicable.

All information contained on the application is subject to verification. Any omissions or misstatements may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from Town service.

Note, for completing "Employment History": Fill in ALL spaces accurately and completely. The information you give will be used to determine your qualifications for employment. List all work/volunteer experience which is related to the job for which you are applying.

When a block contains experience in more than one type of work (i.e. personnel, budget, director, etc.), estimate and indicate the approximate percentage of time spent on each duty. Place the percentages in parentheses at the end of the description of duties. Use separate blocks if your duties, responsibilities or salary level changed materially while working for the same employer.

**A RESUME MAY BE SUBMITTED: HOWEVER, YOU MUST COMPLETE ALL INFORMATION REQUESTED ON THE APPLICATION. (Resume Attached \_\_\_\_\_ Yes \_\_\_\_\_ No)**

POSITION APPLIED FOR: \_\_\_\_\_

Your salary requirements:

\$ \_\_\_\_\_ Per \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip)

HOME PHONE: \_\_\_\_\_

MESSAGE PHONE: \_\_\_\_\_

ARE YOU OVER 18 YEARS OF AGE? \_\_\_\_\_

ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? \_\_\_\_\_  
(Proof will be required upon hiring.)

**THE TOWN OF PINETOP-LAKESIDE IS AN EQUAL OPPORTUNITY EMPLOYER AND COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT.**

You will accept: <input type="checkbox"/> REGULAR <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time  <input type="checkbox"/> TEMPORARY <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On Call	Shift work you will accept: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Rotating	How did you learn of this position? <input type="checkbox"/> Newspaper <input type="checkbox"/> Job Board <input type="checkbox"/> Job Service <input type="checkbox"/> Other  _____ Specify
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<b>CHECK THE APPROPRIATE BOX:</b>	<b>YES</b>	<b>NO</b>	<b>CHECK THE APPROPRIATE BOX:</b>	<b>YES</b>	<b>NO</b>
<b>A.</b> Are you a U.S. Citizen or do you have the legal right to remain permanently in the U.S.?			<b>F.</b> Have you ever been discharged or requested or forced to resign from any position?		
<b>B.</b> If required to drive a town vehicle, do you possess a valid AZ driver's license? License No.: _____ Expiration Date: _____			<b>G.</b> Do you have any reason to believe you will be discharged or requested to resign from your current position within the next thirty (30) days?		
<b>C.</b> Have you ever worked for the Town of Pinetop-Lakeside? When? _____			<b>H.</b> Have you ever served in the Armed Forces? Branch: _____ From: _____ to _____ (Mo/Yr) (Mo/Yr)		
<b>D.</b> Are any of your relatives, either by blood or marriage, employed by the Town of Pinetop-Lakeside?			<b>I.</b> Are you eligible to be registered for Selective Service?		
<b>E.</b> Except for minor traffic violations, were you ever convicted of any federal, state, local or military law or statute? <b>PLEASE NOTE:</b> Conviction of a crime will not be an absolute bar to employment.			<b>J.</b> Have you registered for Selective Service?		
			<b>K.</b> If the answer is "yes" to questions <b>D, E, F</b> or <b>G</b> , please explain in the space provided below. (Explanation does not preclude employment.)		

Explanation:

**EDUCATION**

Did you receive a High School diploma?                      ( ) Yes   ( ) No                      G.E.D. Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

<u>Name(s) of College or University attended</u>	<u>Dates</u>	<u>Credits</u>	<u>Degree/Year</u>

<u>Chief Undergraduate Courses Studied</u>	<u>Hours</u>	<u>Chief Graduate Courses Studied</u>	<u>Hours</u>

<u>Trade, Technical, Business, Correspondence or Other</u>	<u>Dates Attended</u>	<u>Courses Studied</u>

<u>Licenses, Trade or Professional Registration</u>	<u>Honors, Awards, Fellowships</u>

**EMPLOYMENT HISTORY**

Show complete experience related to the job for which you are applying; military and volunteer experience. Give additional experience when it applies to the position you are seeking. Be accurate and complete. Your qualifications will be evaluated on the basis of the information provided on this application. Start with your present or last position and proceed in reverse chronological order. The Town will contact previous employers and any hiring decisions made by the Town are contingent upon favorable references from your current and prior employers.

**PRESENT OR MOST RECENT JOB:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Kind of business: \_\_\_\_\_

Name/Title of Department Head or Business

Your Title: \_\_\_\_\_

Owner: \_\_\_\_\_

# Workers Directly Supervised: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Equipment or machinery operated: \_\_\_\_\_

Name/Title of Supervisor: \_\_\_\_\_

Describe each major function or duty you

Dates of employment:

performed: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_

TOTAL MONTHS WORKED: \_\_\_\_\_

\_\_\_\_\_

HOURS PER MONTH: \_\_\_\_\_

\_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_

Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_

May we contact your present employer prior to employment? ( ) Yes ( ) No

Reason for leaving: \_\_\_\_\_

**SECOND MOST RECENT JOB:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Kind of business: \_\_\_\_\_

Name/Title of Department Head or Business

Your Title: \_\_\_\_\_

Owner: \_\_\_\_\_

# Workers Directly Supervised: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Equipment or machinery operated: \_\_\_\_\_

Name/Title of Supervisor: \_\_\_\_\_

Describe each major function or duty you

Dates of employment:

performed: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_

TOTAL MONTHS WORKED: \_\_\_\_\_

\_\_\_\_\_

HOURS PER MONTH: \_\_\_\_\_

\_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_

Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_

May we contact your previous employer prior to employment? ( ) Yes ( ) No

Reason for leaving: \_\_\_\_\_

**THIRD MOST RECENT JOB:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Kind of business: \_\_\_\_\_

Name/Title of Department Head or Business

Your Title: \_\_\_\_\_

Owner: \_\_\_\_\_

# Workers Directly Supervised: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Equipment or machinery operated: \_\_\_\_\_

Name/Title of Supervisor: \_\_\_\_\_

Describe each major function or duty you performed: \_\_\_\_\_

Dates of employment:  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL MONTHS WORKED: \_\_\_\_\_  
HOURS PER MONTH: \_\_\_\_\_  
Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

May we contact your previous employer prior to employment? ( ) Yes ( ) No

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**FOURTH MOST RECENT JOB:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Kind of business: \_\_\_\_\_

Name/Title of Department Head or Business

Your Title: \_\_\_\_\_

Owner: \_\_\_\_\_

# Workers Directly Supervised: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Equipment or machinery operated: \_\_\_\_\_

Name/Title of Supervisor: \_\_\_\_\_

Describe each major function or duty you performed: \_\_\_\_\_

Dates of employment:  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL MONTHS WORKED: \_\_\_\_\_  
HOURS PER MONTH: \_\_\_\_\_  
Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

May we contact your previous employer prior to employment? ( ) Yes ( ) No

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL EXAMINATION:**

A job-related medical examination may be required for the job you are applying for and an offer of employment will be contingent upon your passing said medical examination.

**REFERENCES:**

List two persons who have known you for at least five (5) years and one person who lives in your immediate neighborhood.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**ADDITIONAL COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW:**

I hereby certify and represent that all information given on this application and any supporting information is true and complete. I understand that any falsification or material omission of information is grounds for refusal to hire or, if hired, is grounds for termination. I will keep the Personnel Director advised about any changes of address or telephone number so long as I am employed or being considered for employment by the Town of Pinetop-Lakeside.

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

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

<p><b>PERSONNEL DEPARTMENT USE ONLY</b></p> <p>Received: _____</p> <p>Reviewed: _____</p> <p>( ) Accepted</p> <p>( ) Rejected</p> <p>Date: _____</p>
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**AUTHORIZATION AND RELEASE OF LIABILITY**

I, \_\_\_\_\_, have applied for employment with the Town of Pinetop-Lakeside. I hereby authorize the Town to contact all former and current employer references or other references listed, as well as any educational institutions listed on my application. All references and educational institutions are authorized to release all information they may have about me with regard to my application for employment with the Town.

I HEREBY RELEASE THE TOWN OF PINETOP-LAKESIDE AND ITS EMPLOYEES AS WELL AS ALL REFERENCES AND EDUCATIONAL INSTITUTIONS FROM ANY LIABILITY TO ME OR MY PERSONAL REPRESENTATIVES, HEIRS AND ASSIGNS FOR ANY LIABILITY OR DAMAGES WHICH MAY RESULT OR BE CLAIMED BECAUSE OF INFORMATION PROVIDED, OR BECAUSE OF THE FACT THAT ANY INFORMATION WAS PROVIDED. I FURTHER AGREE TO DEFEND AND HOLD HARMLESS THE TOWN OF PINETOP-LAKESIDE AND ANY REFERENCES OR EDUCATIONAL INSTITUTIONS FROM ANY CLAIMS, DEMANDS, LAWSUITS, JUDGMENTS OR ANY OTHER LIABILITY WHATSOEVER RELATING TO INFORMATION PROVIDED WHICH RELATES TO MY APPLICATION FOR EMPLOYMENT WITH THE TOWN OF PINETOP-LAKESIDE.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
APPLICANT'S SIGNATURE