TOWN OF CAMP VERDE
646 S. First Street
Camp Verde, Arizona 86322
928-567-6631 ext. 430
www.cvaz.org

Application for Employment

IMPORTANT NOTICE: THIS IS A VERY SIGNIFICANT DOCUMENT. YOU SHOULD BE VERY CAREFUL AS YOU COMPLETE IT. ANSWER EACH ITEM ACCURATELY AND COMPLETELY. FAILURE TO DO SO MAY RESULT IN YOU NOT BEING CONSIDERED FOR THE POSITION OR IN YOUR TERMINATION IF INACCURATE OR OMITTED INFORMATION IS DISCOVERED AFTER YOUR EMPLOYMENT HAS BEGUN.

Only applicants who meet the minimum qualification will be considered.

ALL APPLICATIONS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, MARITAL STATUS, AGE, RELIGION, DISABILITY OR VETERAN STATUS AS PRESCRIBED BY LAW.

The Town of Camp Verde is an Equal Opportunity Employer and a Drug Free Workplace

Last Name	First Name	Middle Name
Mailing Address		Email Address
City	State	Zip Code
Position Applied For		Date
Referral Source		
☐Employee ☐Relative ☐Walk In ☐Other _____		
Where did you hear about this ad?		
☐Newspaper ☐Camp Verde Web page ☐Other		

APPLICATION FOR EMPLOYMENT

PERSONAL DATA – PLEASE TYPE OR PRINT IN INK

Full Name	
Telephone Number(s)	The best time to contact you at home is: : a.m./p.m.
Have you ever filed an application with us before? ☐ Yes ☐ No If yes, give month and year. Month? Year?	
Have you ever been employed with us before? ☐ Yes ☐ No If yes, give month and year. Month? Year?	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No *Proof of citizenship or immigration status will be required upon employment.*	
If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No	
Excluding minor traffic violations, have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No If yes, please explain details in full, including dates, details of offense(s), jurisdiction and disposition of case. *Keep in mind that a record of conviction does not preclude employment.*	

WORK PREFERENCE

Position Applied For	Desired Salary	Date Available
Work preference: ☐ Full-Time ☐ Part-Time ☐ Summer ☐ Temporary ☐ Shift Work ☐ Other (explain)		
Are you currently on "lay-off" status and subject to recall? ☐Yes ☐ No	Can you travel if a job requires it? ☐Yes ☐ No	
Have you ever been employed by a municipality? ☐Yes ☐ No If yes, when and where?		

EDUCATIONAL BACKGROUND

	Name of School and Location	Course of Study	Year Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

PROFICIENCIES

List any and all computer knowledge you may have and your level of experience.		
List software you have used and your level of experience.		
Typing speed:	10-Key calculator speed:	Shorthand speed:
List production/mobile machinery you have used and your level of experience.		
List any foreign languages you can speak, read and/or write and your level of proficiency.		

EMPLOYMENT HISTORY -- List all employers beginning with the most recent. Use additional sheet if necessary.

Employer			Date Employed From:	Date Employed To:
Employer's Address			Responsibilities:	
Supervisor	Title	Phone Number	Job Title	
Reason For Leaving			Beginning Salary:	Ending Salary:
May we contact? ☐Yes ☐ No ☐ Later			$ per	$ per

Employer			Date Employed From:	Date Employed To:
Employer's Address			Responsibilities:	
Supervisor	Title	Phone Number	Job Title	
Reason For Leaving			Beginning Salary:	Ending Salary:
May we contact? ☐Yes ☐ No ☐ Later			$ per	$ per

Employer			Date Employed From:	Date Employed To:
Employer's Address			Responsibilities:	
Supervisor	Title	Phone Number	Job Title	
Reason For Leaving			Beginning Salary:	Ending Salary:
May we contact? ☐Yes ☐ No ☐ Later			$ per	$ per

Employer			Date Employed From:	Date Employed To:
Employer's Address			Responsibilities:	
Supervisor	Title	Phone Number	Job Title	
Reason For Leaving			Beginning Salary:	Ending Salary:
May we contact? ☐Yes ☐ No ☐ Later			$ per	$ per

Explain reasons for any breaks in employment.

U.S. MILITARY EXPERIENCE

From	To	Branch	Final Rank	Occupational Specialization
Describe any job-related training received in the United States military.				

EMPLOYMENT REFERENCES

Person to whom we may contact. One *must* be your most recent/current employer. Other references may be business associates (former supervisors, managers, etc) who are competent to judge your experience and fitness for employment with the Town of Camp Verde:

Name and Relationship to Applicant (Employer, Teacher, etc.)	Address or E-Mail	Business Occupation	Telephone Number
1. Name May we contact? Yes ☐ No ☐ Later ☐	Street		
Relationship	City		
2. Name May we contact? Yes ☐ No ☐ Later ☐	Street		
Relationship	City		
3. Name May we contact? Yes ☐ No ☐ Later ☐	Street		
Relationship	City		

Registration and/or Licenses

Driver's License? ☐ None ☐ Regular ☐ Commercial What State? _____ Expires: _____
Number: _____

Journeyman's License? ☐ None ☐ Yes Trade: _____ Issued by: _____ Expires: _____

Master's License? ☐ None ☐ Yes Trade: _____ Issued by: _____ Expires: _____

ADDITIONAL INFORMATION

Describe any specialized training, apprenticeship, skills and extra-curricular activities that are pertinent to the position you are applying for. *You may exclude activities that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

Please summarize special job-related skills and qualifications acquired from employment or other experience.

List professional, trade, business or civic activities and offices held. *You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

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

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Town of Camp Verde.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, my initial employment relationship with the Town of Camp Verde is of an "at will" nature, which means that the *Employee* may resign during the initial evaluation period and the *Employer* may discharge *Employee* during the initial evaluation period with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by me and the Town Manager.

AUTHORIZATION: Please read carefully and initial each paragraph before signing.

"I declare under penalty of perjury that the facts contained in this application or any resume or other documentation submitted are true and complete to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date." _____**Initials**

"I agree to immediately notify the Town if I should be convicted of any crime while my job application is pending or during my period of employment, if hired." _____**Initials**

"I understand that the Town may be requesting information or a report to contain pertinent information permitted by law from various local, state, federal agencies, and former employers. I understand that the report may include information as to my character, general reputation, personal characteristics, work habits, performance and experience, along with reasons for termination of past employment from previous employers. I voluntarily and knowingly authorize the release of all information requested by the Town of Camp Verde." _____**Initials**

"I authorize the investigation of all statements contained in this application (and accompanying resume) and further authorize any person, school, current employer (except as expressly noted), past employer(s) and organizations named in this application form (and accompanying resume) to provide the Town information and opinion that may be useful in making a hiring decision. I release all informants from all liability for any damage that may result from furnishing information and opinion (which is truthful or made in good faith) to you." _____**Initials**

"I understand that, if hired, I may not hold other employment, nor engage in other activities that create a conflict of interest with my position with the Town, unless given permission in writing by the Department Head and the Human Resources Department." _____**Initials**

Compliance with Rules

"If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the Town of Camp Verde." _____**Initials**

Signature: _____ **Date:** _____

VOLUNTARY DISCLOSURE FORM

It is the policy of the Town of Camp Verde to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, veteran's status or status within any other protected group. Various agencies of the United States government require employers to collect information about applicants. Information requested on this sheet is for purposes of compliance with these record-keeping requirements and to determine recruiting and employment patterns. Such information will in no way affect the decision regarding your application for employment. This information will be kept confidential and maintained separately from your application form. **Completion of this sheet is voluntary and is not a requirement for employment**.

PLEASE TYPE OR PRINT IN INK

Last Name	First Name	Middle Name
Social Security Number	Date	
Position Applied For		

REFERRAL SOURCE

_____ Walk In
_____ Newspaper Ad (please name) _____
_____ Current Employee
_____ Relative
_____ Town of Camp Verde Web Site
_____ Other Internet Site (please describe) _____
_____ Town of Camp Verde Job Line
_____ Temporary Agency
_____ State Employment Office
_____ Private Employment Agency
_____ Contacted After Submitting Town of Camp Verde Interest Form
_____ Previous Employee
_____ High School Referral
_____ Other (please describe) _____

POSITION APPLIED FOR (list only one)

_____ Full-Time _____ Summer/Seasonal
_____ Part-Time _____ Temporary

RACE

_____ White/Caucasian
_____ Black/African American
_____ Hispanic
_____ Asian or Pacific Islander
_____ Native American or Alaska Native
_____ Other (please specify) _____

SEX

_____ Male
_____ Female

Regulations issued by the U.S. Department of Labor with respect to handicapped, disabled veterans and Vietnam Era Veterans require that federal contractors provide a self-identification opportunity to applicants for employment. Such self-identification and any information provided by the applicant are submitted on a confidential basis and for use only in accordance with information you wish to submit. If an applicant or employee so identifies him/herself, the Town of Camp Verde shall seek the advice of the applicant or employee regarding proper placement and appropriate accommodation.

ARE YOU HANDICAPPED?

_____ No
_____ Yes (Have a physical or mental impairment which substantially limits a major activity or have a history of such impairment.)

ARE YOU A DISABLED VETERAN?

_____ No
_____ Yes (Entitled to disability compensation under law administered by Veteran's Administration for disability rated 30% or more OR discharged/released from active duty for disability incurred or aggravated in the line of duty.)

ARE YOU A VIETNAM ERA VETERAN?

_____ No
_____ Yes (Served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75 and was discharged/released with other than dishonorable discharge or for a service connected disability.)

ARE YOU A SPECIAL DISABLED VETERAN?

_____ No
_____ Yes (Discharged/released from active duty because of service connected disability OR entitled to disability compensation [or who, but for receipt of military retired pay, would be entitled to disability compensation] for a disability rated at 30% or more or rated at 10% or 20% and under 38 USC 1506 has been determined to have a serious employment handicap.)