

Town of Pima

PO Box 426 110 W Center Pima, AZ 85543 (928) 485-2611 • Fax (928) 485-9230

EMPLOYMENT APPLICATION

PLEASE NOTE

- 1. We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, disability or any other legally protected status.
- 2. All questions must be answered.
- 3. Non-responsive information stated on this application and other hiring forms will disqualify the applicant from consideration.
- 4. Applications are current for 6 months and will be retained in our active files during this time. If you are interested in a position during this period, please contact us and have your application submitted for that job.
- 5. A separate application is required for each position you are applying for.

Position applied for		Date of application		
Last Name	First Name		Middle Name	
Mailing Address	City	State	Zip Code	
Telephone Number	Message Number	Message Number		
Are you available to work: Are you 18 or over? Do you have access to reliable transport Have you ever been employed with the Dates: Do you have any relatives who are curlif you are currently employed, may we have you legally eligible to work in the (Proof of citizenship or immighave you ever been convicted of any in the growth of the second of the convicted of the second of	ry Tes			

	Education Record				
Do you have a	high school diploma or the equivalent:	Yes] No		
School			City	State	
Dates Attended		Degrees or Diplomas			
School			City	State	
Dates Attended		Degrees or Diplomas			
School			City	State	
Dates Attended		Degrees or Diplomas			
Describe any sp	ecialized training, skills, honors received:				
	Re	ferences			
Name	Address		Phone Number		
Name	Address		Phone Number		
Name	Address		Phone Number		

History – Begin with most recent employer. Attach additional sheets as needed. Must be completed in full.

Job Title:	Dates Employed		Work Performed
Employer:	From	То	
Supervisor:			
Address:	Hourly Rate / Salary		
Telephone Number:	Starting	Ending	
Reason for leaving:			
Job Title:	Dates Employed		Work Performed
Employer:	From	То	
Supervisor:			
Address:	Hourly Rate / Salary		
Telephone Number	Starting	Ending	
Reason for leaving			
Job Title	Dates Employed		Work Performed
Employer	From	То	
Supervisor			
Address	Hourly Rate / Salary		
Telephone Number	Starting	Ending	
Reason for leaving			
Job Title	Dates Employed		Work Performed
Employer	From	То	
Supervisor			
Address	Hourly Rate / Salary		
Telephone Number	Starting	Ending	
Reason for leaving			

Applicant's Statement

Town of Pima is an equal opportunity employer.

Applicant's Signature: _____ Date: ____