



EMPLOYMENT APPLICATION

Human Resources
102 Roadrunner Drive
Sedona, Arizona 86336
(928) 203-5034
Fax (928) 282-7207
www.SedonaAz.gov

For application to be considered, you must: 1) type or print all answers; 2) supply all requested information. 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.

PLEASE NOTE: For completing "Employment History," fill in ALL spaces accurately and completely.

A RESUME MAY BE SUBMITTED, HOWEVER, YOU MUST COMPLETE ALL INFORMATION REQUESTED ON THE APPLICATION.

Resume Attached: Yes [] No [] (Not to exceed 3 pages)

GENERAL INFORMATION

Position applying for: _____

Salary Requirements: _____ Per _____

Name: _____
(Last) (First) (Middle Initial)

Mailing Address: _____
(Street) (City/State) (ZIP)

Phone: _____
(Home) (Cell) (Email)

You will accept: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time 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"/> Holidays <input type="checkbox"/> Rotating	How did you learn of this position? <input type="checkbox"/> Newspaper <input type="checkbox"/> Job Bulletin <input type="checkbox"/> Job Interest Card <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Sedona Website <input type="checkbox"/> Internet Site
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<p>Are you currently a regular City of Sedona employee? Yes <input type="checkbox"/> No <input type="checkbox"/> ID# _____</p> <p>No related employees may be supervised where conflict might arise concerning a question of internal control. Are any of your relatives employed by the City of Sedona? If yes, please list their name(s) and Department(s) for which they work. Name _____ Department _____</p> <p>Do you have the legal right to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, you will need to show proof of work eligibility to be employed such as a valid driver's license or other state issued I.D.</p> <p>Do you have any reason to believe that you will be discharged, requested or forced to resign from your current position within the next thirty (30) days? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please explain the circumstances. _____ _____ _____</p>	<p>Have you ever been terminated or forced to resign due to misconduct or unsatisfactory service? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain the circumstances _____ _____ _____</p> <p>Have you ever been convicted of any violations of federal, state, local or military law or statute since your 18th birthday? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, explain below. _____ _____ _____</p> <p>NOTE: A CONVICTION IS NOT NECESSARILY A BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED INDIVIDUALLY, BASED ON JOB REQUIREMENTS.</p>
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EDUCATION, TRAINING AND SKILLS

Do you have a high school diploma or GED? Yes [] No []				
High School/Colleges University/Trade School Technical/Business School	City/State	Major Coursework	Sem. Hrs.	Degrees Completed

List all current licenses, trade or professional registrations:

List professional organizations that relate to the job for which you are applying.

If the job for which you are applying requires a driver's license do you possess one?

Yes [] No []

Are any of your educational or employment records found under a different name?

Yes [] No []

EMPLOYMENT HISTORY:

Show complete experience related to the job for which you are applying including 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.

Present or most recent job:

Employer: _____ Type of business: _____

Address: _____ Phone: _____

Department: _____ Your title: _____ # Supervised _____

Name/Title of Supervisor: _____ Phone: _____

Name/Title of Dept. Head/Business Owner: _____

Dates of Employment: From: _____ To: _____ Total Months Worked: _____

Starting Salary: \$ _____ per _____ Final Salary: \$ _____ per _____

May we contact your former employer prior to employment? Yes [] No []

Describe each major function or duty you performed _____

Reason for Leaving: _____

Second most recent job:

Employer: _____ Type of business: _____
Address: _____ Phone: _____
Department: _____ Your title: _____ # Supervised _____
Name/Title of Supervisor: _____ Phone: _____
Name/Title of Dept. Head/Business Owner: _____
Dates of Employment: From: _____ To: _____ Total Months Worked: _____
Starting Salary: \$ _____ per _____ Final Salary: \$ _____ per _____
May we contact your former employer prior to employment? Yes [] No []
Describe each major function or duty you performed _____

Reason for Leaving: _____

Third most recent job:

Employer: _____ Type of business: _____
Address: _____ Phone: _____
Department: _____ Your title: _____ # Supervised _____
Name/Title of Supervisor: _____ Phone: _____
Name/Title of Dept. Head/Business Owner: _____
Dates of Employment: From: _____ To: _____ Total Months Worked: _____
Starting Salary: \$ _____ per _____ Final Salary: \$ _____ per _____
May we contact your former employer prior to employment? Yes [] No []
Describe each major function or duty you performed _____

Reason for Leaving: _____

List three persons you have known for at least five (5) years:

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

List three work references:

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Comments: _____

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

In submitting this application, I understand that false statements will disqualify me for employment or cause my subsequent dismissal. I also understand that, if accepted for employment, I shall be required to provide proof of identity and eligibility to work in the United States in addition to signing a loyalty oath as a condition to receiving any compensation from the City in connection with this application. I authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services and former employers to release information that they may have about me to the City of Sedona or its agents. IN MAKING THIS APPLICATION FOR EMPLOYMENT, IT IS UNDERSTOOD THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, OR OTHERS WITH WHOM I AM ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION. This authorization, in original or copy form, shall be valid for this and any future reports that may be requested. I further understand and agree that, if employed by the City of Sedona, I will have no expectation of privacy in desks, files, lockers, vehicles or any other property owned by the City of Sedona.

Signature

Date

The **City of Sedona** does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.