



# TOWN OF HUACHUCA CITY

500 N. Gonzalez Blvd. Huachuca City, AZ  
85616 520-678-1849 - Fax 456-2230

## Application for Employment

Position(s)	Date of Application
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other: _____

Last Name	First Name	Middle name
Physical Address (Number)	Street	
City	State	Zip
Mailing Address (Number)	Street/P.O. Box	
City	State	Zip
Home Number	Mobile Number	E-Mail Address

Best time to contact you at home is?.....

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... Yes No

Have you ever filed an application with us before?..... Yes No

Do any of your friends or relatives, other than spouse, work here?..... Yes No

Are you currently employed?..... Yes No

May we contact your present employer?..... Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
(Proof of citizenship or immigration status will be required upon employment.)..... Yes No

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_      What is your desired salary range? \$ \_\_\_\_\_

Are you available to Full-Time (Please indicate shift: \_\_\_\_\_ )  
work:



# Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities.  
 You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

List Professional, Trade, Business or Civic Activities and Offices Held

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

## Additional Information

### Other Qualifications

*Summarize special job-related skills and qualifications acquired from employment or other experience.*

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

**Note to Applicants:** DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes  No

## Applicant's Statement

*I certify that my answers given herein are true and complete.*

*I authorize the Town of Huachuca City and its authorized entities to investigate all statements contained in this application for employment as may be necessary when determining an applicant's employment status.*

*This application for employment shall be considered active for a period of time not to exceed 45 (forty-five) days. 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.*

*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 Huachuca City.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### Electronic Application Submission

*I hereby confirm everything contained in this application is true and accurate and am electing to submit my application for employment with the Town of Huachuca City, electronically.*

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date

## For Personnel Department Use Only

Position(s) Applied For is Open:    Yes            No

Positions Considered For: \_\_\_\_\_  
\_\_\_\_\_

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

Arrange Interview:    Yes            No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed:    Yes            No                      Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_                      Hourly Rate/Salary: \_\_\_\_\_

Department: \_\_\_\_\_

By: \_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date