



TOWN OF KEARNY

374 Alden Road, Kearny AZ, 85137

(520) 363-5547

APPLICATION FOR EMPLOYMENT

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available to start: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for the Town of Kearny? YES NO If yes, when? _____

Are you currently employed? YES NO If so, may we contact your present employer? YES NO

Have you ever been convicted of a felony? YES NO Are you 18 years of age or older? YES NO

If convicted of a felony, explain: _____

If yes, please explain (Use separate sheet, if necessary):

FOR POLICE APPLICANTS: YES NO
Have you ever been on the Brady list? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references. Not related to you, whom you have known at least one year.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

General Information

Subjects of Special Study or Research Work: _____

Special Skills: _____

Activities (Civic, Athletic, etc.) _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge, and I understand that, if employed, falsified statements on this application may be grounds for my dismissal.

I authorize investigation of all statements contained herein and the references listed to give you an and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at a any time without prior notice without cause.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE- FOR OFFICE USE ONLY!

Interviewed By: _____ Date: _____

Remarks: _____

Neatness/Promptness _____ Ability/Competence _____

Hired? YES NO

Position: _____

Department: _____

Salary/Wage _____ Date Report to Work: _____

Approved By: _____

Town Clerk

Department Head

Town Manager

WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color religion, creed, gender, national origin, age, marital or veteran status, sexual orientation, or any other legally protected status.