

**TOWN OF KEARNY, ARIZONA
APPLICATION FOR EMPLOYMENT**

PERSONAL INFORMATION

			Date
Last Name	First Name	Middle Initial	Social Security Number
Physical Address (Address, City, State, Zip)			
Mailing Address (Address, City, State, Zip)			
Home Phone	Alternate Phone	Are you 18 years of age or older? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you either a U.S. Citizen, or an alien authorized to work in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT DESIRED

Position Desired	Date You Can Start	Desired Salary
Are You Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you applied with the Town of Kearny before? <input type="checkbox"/> Yes <input type="checkbox"/> No	What Department?	When?
Referred by:		

EDUCATION	Name of Location	# of Years Attended	Did you Graduate?	Area of Study
Grammar School				
High School				
College				
Trade, Business, or Correspondence School				

GENERAL

Subjects of Special Study or Research Work		
Special Skills		
Activities (Civic, Athletic, etc.)		
US Military Service - Branch	Rank	Are you presently serving in the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No

*Were you ever on a Brady list? _____ Yes _____ No
(Continued on back)

* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to those who are at least 40 years of age.

FORMER EMPLOYERS (List below last three (3) employers, beginning with your last one.)

Date Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best?

What did you like most about this job?

REFERENCES (List the name of three people, not related to you, whom you have known at least one year)

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

IN CASE OF EMERGENCY, NOTIFY...

Name:	Address:	Phone:
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I certify that the facts contained in this application 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 above to give you any 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 any time without prior notice without cause.

Signature	Date
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DO NOT WRITE BELOW THIS LINE

Interviewed by		Date
Remarks		
Neatness/Promptness		Ability/Competence
Hired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Position Dept
Salary/Wage		Date Reporting To Work
Approved by:	1.	2.

Town Clerk

Department Head

Town Manager

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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