

EMPLOYMENT APPLICATION

Town of Chino Valley Human Resources

1020 W. Palomino Road - PO Box 406, Chino Valley, AZ 86323
(928) 636-2646 • Fax: (928) 636-2144



AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of The Town of Chino Valley to provide equal opportunity in employment. Selection and employment of applicants shall be made on the basis of their qualifications, without regard for age, disability, national origin, race, color, religion or sex.
TTD/TDD NUMBER FOR HEARING IMPAIRED (928) 636-1787

POSITION TITLE:

DATE :

Social Security Number	Applicant Name (Last, First, M.I.)	Mailing Address	City, State, Zip Code
Home Phone	E-Mail Address	Type of Position:	Date Available for Work
() -		<input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME	

Do you have the legal right to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	Salary Requirements	Work Holidays? <input type="checkbox"/> YES <input type="checkbox"/> NO	Work Weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever worked for The Town of Chino Valley? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, when and what position?
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Have you ever been employed under another name? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please list:	Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain and give location: Convictions are evaluated in relation to a position and will not necessarily disqualify employment.
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Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please list number:	Have you ever been discharged from employment? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:	Do you have relatives working for The Town of Chino Valley? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES. Name and Department.
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EMPLOYMENT HISTORY (Begin with most recent) Are you employed now? YES NO May we contact your present employer? YES NO

Name of Company	Complete Street Address	City, State, Zip	Phone Number ()
Supervisor's Name	Your Job Title	Date Started	Salary PER Date Left Salary PER
Briefly describe your responsibilities and accomplishments		Reason for Leaving:	
		Other Information:	
Name of Company	Complete Street Address	City, State, Zip	Phone Number ()
Supervisor's Name	Your Job Title	Date Started	Salary PER Date Left Salary PER
Briefly describe your responsibilities and accomplishments		Reason for Leaving:	
		Other Information:	
Name of Company	Complete Street Address	City, State, Zip	Phone Number ()
Supervisor's Name	Your Job Title	Date Started	Salary PER Date Left Salary PER
Briefly describe your responsibilities and accomplishments		Reason for Leaving:	
		Other Information:	

Attach Blank Sheet to Add Additional Employment Information if Necessary

EDUCATION					
Name of School and Location		DEGREE, CERTIFICATE OR AREA OF STUDY	LICENSES	LIST PROFESSIONAL /CERTIFICATIONS:	
HIGH SCHOOL			TYPE	REGIS. #	EXP. DATE
COLLEGE					
OTHER					

CHECK THE AREAS BELOW IN WHICH YOU HAVE EXPERIENCE:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Typing ____wpm | <input type="checkbox"/> Accounting ____yrs. ____mo. | <input type="checkbox"/> Laborer ____yrs. ____mo. | <input type="checkbox"/> Legal Terminology ____yrs. ____mo. |
| <input type="checkbox"/> Shorthand ____wpm | <input type="checkbox"/> Accounts Payables ____yrs. ____mo. | <input type="checkbox"/> Construction ____yrs. ____mo. | <input type="checkbox"/> Law Enforcement ____yrs. ____mo. |
| <input type="checkbox"/> Transcription ____yrs. ____mo. | <input type="checkbox"/> Accounts Receivables ____yrs. ____mo. | <input type="checkbox"/> Heavy Equipment Operator ____yrs. ____mo. | <input type="checkbox"/> Criminal Justice ____yrs. ____mo. |
| <input type="checkbox"/> Powerpoint ____yrs. ____mo. | <input type="checkbox"/> Banking ____yrs. ____mo. | <input type="checkbox"/> Road Construction ____yrs. ____mo. | <input type="checkbox"/> Detention Center ____yrs. ____mo. |
| <input type="checkbox"/> Excel ____yrs. ____mo. | <input type="checkbox"/> Bookkeeping ____yrs. ____mo. | <input type="checkbox"/> CDL ____yrs. ____mo. | <input type="checkbox"/> GIS/CADD ____yrs. ____mo. |
| <input type="checkbox"/> Microsoft Word ____version ____yrs. ____mo. | <input type="checkbox"/> Credit/Collections ____yrs. ____mo. | <input type="checkbox"/> Architect ____yrs. ____mo. | <input type="checkbox"/> Computer Technician ____yrs. ____mo. |
| <input type="checkbox"/> Lotus ____yrs. ____mo. | <input type="checkbox"/> Cashier ____yrs. ____mo. | <input type="checkbox"/> Engineering ____yrs. ____mo. | <input type="checkbox"/> Other Skills _____ |
| <input type="checkbox"/> Access ____yrs. ____mo. | <input type="checkbox"/> 10-Key <input type="checkbox"/> Visual <input type="checkbox"/> Touch ____yrs. ____mo. | <input type="checkbox"/> Drafting ____yrs. ____mo. | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Word Perfect ____version ____yrs. ____mo. | <input type="checkbox"/> Data Entry ____yrs. ____mo. | <input type="checkbox"/> Contractor ____yrs. ____mo. | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Microsoft Publisher ____version ____yrs. ____mo. | <input type="checkbox"/> Bilingual - Language _____ | <input type="checkbox"/> Carpenter ____yrs. ____mo. | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Receptionist ____yrs. ____mo. | <input type="checkbox"/> Maintenance ____yrs. ____mo. | <input type="checkbox"/> Electrician ____yrs. ____mo. | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Customer Service ____yrs. ____mo. | <input type="checkbox"/> Grounds Keeper ____yrs. ____mo. | <input type="checkbox"/> Electronics ____yrs. ____mo. | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Switchboard ____yrs. ____mo. | <input type="checkbox"/> Janitorial ____yrs. ____mo. | <input type="checkbox"/> Teacher/Instructor ____yrs. ____mo. | <input type="checkbox"/> _____ |

Are you able to perform the essential functions of the position for which you have applied, with or without accommodation? Yes No If no, please explain:

How did you hear about our job opportunity? _____

READ THE FOLLOWING STATEMENT CAREFULLY. APPLICATION IS INVALID UNLESS SIGNED BY THE APPLICANT.

I hereby certify that the facts set forth on this application are true and complete and that any misrepresentation, falsification or willful omission herein shall be sufficient reason for dismissal or refusal of employment. I authorize The Town of Chino Valley to investigate all information contained in this application including contacting previous employers. I also grant permission to any previous employer to disclose any and all information concerning my previous employment. I understand if I am interviewed or selected as a finalist for a position with the Town, my application will be considered "public record," and may be subject to publication.

Applicant's Signature _____

Date _____

RESUME REQUIRED WITH APPLICATION

APPLICANT PROFILE

The Town of Chino Valley Human Resources

The Town of Chino Valley is an equal opportunity employer. The following requested is voluntary and necessary for statistical purposes in compliance with government regulations. This data is confidential and will be removed from your application and retained separately.

DATE:

POSITION APPLIED FOR:

Check One:

MALE **FEMALE**

Age Categories:

19 & Under

20 – 29

30 – 39

40 – 49

50 or older

Ethnic Origin:

Alaskan/American Indian

Asian/Pacific Islander

Black

Hispanic

White

**TOWN OF CHINO VALLEY
APPLICATION SUPPLEMENTAL INFORMATION**

The following information must be completed and submitted with the application.

APPLICANT CONSENT AND RELEASE

BACKGROUND INVESTIGATION:

The term "background investigation" as used in this document refers to any and all information and sources of information that the Town of Chino Valley, Arizona ("Town"), in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Town.

1. In accordance with the Town Personnel Policy and Administrative Guideline Manual Policies #200 and #205, all prospective employees of the Town are required to submit fingerprints to Human Resources for the purpose of obtaining a state and national criminal history records check by the Federal Bureau of Investigation, except prospective temporary and part-time employees who shall be employed less than ninety (90) days, unless such position requires working with children under eighteen (18) years of age.
2. I authorize any person or entity contacted by the Town's officers, agents, and employees during the course of my background investigation, to furnish to such officers, agents, and employees any information or opinions they may have.
3. I hereby release from liability and hold harmless the Town and its agents, officers and employees for, from and against, any and all causes of action, claims, demands, suits, damages, costs, and debts, both in law and in equity which I may have, or in the future may have, of any nature whatsoever, including any and all claims arising from any statements, acts or omissions, or any information or opinions furnished to the employees of the Town as part of my background investigation.
4. I expressly agree that I will not, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Town, realizing that such information must, of necessity, remain confidential.

DRUG TESTING AND HIPAA RELEASE AUTHORITY:

The town is committed to a drug-free workplace to protect the safety of workers and the public. It is the policy of the Town that applicants take a drug screen to show they are drug free.

1. In consideration for my being considered for employment by the Town, I give my consent to, and authorize, any Town designated collection site to perform any testing on my urine to determine the presence and/or level of any drug designated by the Town.
2. I give my consent for the release without restriction to the Town, of my individually identifiable health information or other medical records related to any medical tests. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). All physicians, employees, and agents who work or perform services for any Town designated collection site are held harmless from any action that may arise out of such test results being disclosed to the Town.
3. I understand and acknowledge that any of the following will constitute a violation of the drug policy for the Town:
1. Refusal to sign this or any related form. 2. Failure to appear to be tested. 3. Leaving the collection site for any reason prior to providing a sample. 4. The adulteration of any sample. 5. A positive test result.
4. I understand and acknowledge that if I am employed by the Town, I am subject to the policies and procedures set forth in the Town of Chino Valley Personnel Policy and Administrative Guideline Manual, including, but not limited to, the policies regarding Drug and Alcohol Free Workplace and Testing.

AFFIRMATION OF POLICY AND CONDITION OF EMPLOYMENT

In consideration of the Town processing my application for employment, I irrevocably agree to the above terms and conditions, and affirm that I have read and understand the meaning of the above statement of policy. This release from liability given by me to the Town and its employees, and all others as mentioned previously shall apply to any right of action of any nature whatsoever that might accrue to me, my heirs, my personal representatives, successors and assigns. I acknowledge that failure to pass the background investigation, a violation of the drug policy of the Town, or any other above stated conditions of employment will render me ineligible for employment with the Town for a minimum of one (1) year. Further, any prior conditional offer of employment will be withdrawn.

Signature of Applicant

Social Security Number

Date

Parent or Guardian*

Witness

Date

*If under 18, parent or guardian signature is required. I understand this authorization is valid for a period of two (2) years.

CRIMINAL HISTORY RECORD

The Town of Chino Valley conducts an extensive background investigation of criminal history. Please be very careful in completing this section. Human Resources will verify this information. A criminal record may not disqualify an individual from employment consideration of retention; however, FAILURE TO DISCLOSE ALL INFORMATION REQUESTED ON THIS FORM, will result in disqualification for employment with the Town of Chino Valley. For EACH OFFENSE, include month/year/location and complete disposition. For any conviction resulting in incarceration, provide dates and name of institutions.

Do you have any felony or misdemeanor convictions (including DUI) other than a civil traffic violation Yes* No

*A "YES" response requires a complete explanation or your application will not receive further consideration.

Please explain fully: _____

Traffic violations are included in the background results obtained through the criminal records check. If a good driving record is applicable to the position for which you applied, the results may negatively impact your employment with the Town of Chino Valley.

AFFIRMATION OF POLICY AND CONDITION OF EMPLOYMENT

I understand that should I fail to disclose all information requested in this form regarding convictions, my application will not receive further consideration and I will not be considered for employment for a minimum of one year. The complete results of the fingerprint criminal records check may not be available for two months or more. I further understand that if I obtain employment with the Town of Chino Valley and information is received regarding the conviction, which should have been disclosed on this form, but was not, I may be dismissed from employment with the Town.

Print Name: _____ Social Security Number: _____

Signature: _____ Date: _____