



APPLICATION FOR EMPLOYMENT

143 N. State Street, Somerton, AZ 85349
Phone: (928) 722-7396 Fax: (928) 627-3794

The City of Somerton is an Equal Employment Opportunity Employer and
supports a Drug-Free Work Environment.

Position Applying for:				Date of Application:						
Personal Information										
First Name:		Middle:			Last Name:					
Social Security No.:				Date of Birth:						
Home Phone:				Cell Phone:						
Driver's License No.:			Issuing State:		Expiration Date:					
Email:										
Current Address:		City:		State:		Zip Code:				
Mailing Address:		City:		State:		Zip Code:				
List all Names (including Maiden) you have used										
First Name:		Middle:			Last Name:					
First Name:		Middle:			Last Name:					
Have you previously applied for a position with the City of Somerton?			Yes		No	If "Yes", provide date:				
Have you ever been employed by the City of Somerton?			Yes		No	If "Yes", provide date:				
Are you on a lay-off and subject to recall?			Yes		No					
Are you currently employed?			Yes		No					
If "Yes", may we contact your current employer?			Yes		No					
Do you have proof of your legal right to work in the U.S.?			Yes		No					
What type of work are you looking for?			Full-Time		Part-time		Shift Work		Temporary	
If hired, how soon are you able to start employment?										
You may be required to travel for training purposes. Are you able to meet this requirement?								Yes		No

Employment History (From Present to Latest Employer)			
Present Employer's Name:		Phone No.:	
Address:	City:	State:	Zip Code:
Date of Employment From:		To:	
Job Title:		Supervisor's Name:	
Reason for Leaving:			
Job Duties:			
Previous Employer's Name:		Phone No.:	
Address:	City:	State:	Zip Code:
Date of Employment From:		To:	
Job Title:		Supervisor's Name:	
Reason for Leaving:			
Job Duties:			
Previous Employer's Name:		Phone No.:	
Address:	City:	State:	Zip Code:
Date of Employment From:		To:	
Job Title:		Supervisor's Name:	
Reason for Leaving:			
Job Duties:			
Previous Employer's Name:		Phone No.:	
Address:	City:	State:	Zip Code:
Date of Employment From:		To:	
Job Title:		Supervisor's Name:	
Reason for Leaving:			
Job Duties:			

Education									
	Name and Location of School			Years Attended	Diploma/ Degree Received Month & Year		Major		
High School									
College / University / Business or Trade School									
Post-Graduate									
Professional Certificate and License									
Name of License/Certification:		License/Certification No.:			Issuing State:				
Name of License/Certification:		License/Certification No.:			Issuing State:				
Have any of your certifications or licenses been revoked or suspended								Yes	No
If you answered "Yes", state reason(s), date of revocation or suspension and date of Reinstatement:									
Skills									
List any special skills:									
Languages									
List language(s) other than English:									
Speak		Yes		No					
Read		Yes		No					
Write		Yes		No					

References (No Relatives or Previous Employers)							
First Name:		Middle:			Last Name:		
Address:			City:		State:	Zip Code:	
Home Phone:				Cell Phone:			
First Name:		Middle:			Last Name:		
Address:			City:		State:	Zip Code:	
Home Phone:				Cell Phone:			
First Name:		Middle:			Last Name:		
Address:			City:		State:	Zip Code:	
Home Phone:				Cell Phone:			

Supplemental Questions									
Do you have the ability to perform the essential duties of this position with or without reasonable accommodations?							Yes		No
If required, are you willing to work overtime?							Yes		No
Do you have a relative(s) who works for the City of Somerton?							Yes		No
If "Yes", please list the name(s) and relationship to you:									
How did you learn of this position?									
	Employee		Facebook		LinkedIn		X (Formerly Twitter)		
	Website		Other						
Criminal Record									
In accordance with the City of Somerton's Policy 304, all prospective employees 18 years of age and older are required to submit fingerprints to obtain a criminal background check. A criminal record may not necessarily disqualify an individual from employment consideration.									
Have you ever been convicted, or do you have any pending felony or misdemeanor charges, including DUI?							Yes		No
If "Yes", provide all conviction(s) and pending charge(s) with the month/year/location and complete disposition. FAILURE to list all convictions or pending charges will result in your application not receiving further consideration and you will be disqualified for a minimum of one (1) year. You must list convictions that have been "set aside" or "expunged". If selected for employment or volunteer opportunities and information is received regarding a conviction or pending charge, which should have been listed, you may be dismissed from employment/volunteering with the City of Somerton.									
Background Investigation									
The term "Background Investigation" refers to any and all information and sources of information that the City of Somerton in its sole discretion may deem necessary to obtain or contact, to determine fitness as a candidate for employment. By marking "Yes" I read, understand and accept the following: 1. I authorize any person or entity contacted by City of Somerton'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. 2. I hereby release from liability and hold harmless under any and all possible causes of action, claims, demands, rights, damages, costs, and debts, both in law and in equity which I may have or in the future may have against the City of Somerton and any of its employees for any statements, acts or omission, and against any and all persons or entities who shall furnish any information or opinions to the employees of the City of Somerton. 3. I will not under any circumstances, attempt to obtain the results of my background investigation. 4. I irrevocably agree to the above terms and conditions and affirm that I have read and understand the meaning of the above statement. 5. I acknowledge that failure to pass the background investigation will result in the City of Somerton rescinding any offer of employment or will result in termination of employment.									
I agree to the Background Investigation.							Yes		No
Certification									
I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all information contained in this form as may be necessary to gain an employment decision by the City of Somerton. I understand that false or misleading information on this form may result in a release in my application or interview or disciplinary action, up to and including termination of employment.									
Signature:					Date:				