

TOWN OF SPRINGERVILLE

*“A Community for all Seasons”*

AUTHORIZATION AND RELEASE OF LIABILITY

I, \_\_\_\_\_, have applied for employment with the Town of Springerville. I hereby authorize the Town to contact all former and current employer references or other references listed, as well as any educational institutes listed on my application. All references and educational institutions are authorized to release all information they may have about me with regard to my application for employment with the Town.

I HEREBY RELEASE THE TOWN OF SPRINGERVILLE AND ITS EMPLOYEES, AS WELL AS ALL REFERENCES AND EDUCATIONAL INSTITUTES FROM ANY LIABILITY TO ME OR MY PERSONAL REPRESENTATIVES, HEIRS AND ASSIGNS FOR ANY LIABILITY OR DAMAGES WHICH MAY RESULT OR BE CLAIMED BECAUSE OF INFORMATION PROVIDED, OR BECAUSE OF THE FACT THAT ANY INFORMATION WAS PROVIDED, I FURTHER AGREE TO DEFEND AND HOLD HARMLESS THE TOWN OF SPRINGERVILLE AND ANY REFERENCES OR EDUCATIONAL INSTITUTIONS FROM ANY CLAIMS DEMANDS, LAWSUITS, JUDGMENTS OR ANY OTHER LIABILITY WHATSOEVER RELATING TO INFORMATION PROVIDED WHICH RELATES TO MY APPLICATION FOR EMPLOYMENT WITH THE TOWN OF SPRINGERVILLE.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
APPLICANT’S SIGNATURE

TOWN OF SPRINGERVILLE



You will accept:

- REGULAR
  - Full-Time
  - Part-Time
- TEMPORARY
  - Full-time
  - Part-Time
  - On Call

Shift work you will accept:

- Days
- Evenings
- Nights
- Rotating

How did you learn of this position?

- Newspaper
- Job Board
- Job Service
- Other

\_\_\_\_\_

CHECK THE APPROPRIATE BOX:	Yes	No	CHECK THE APPROPRIATE BOX	YES	NO
A. Are you a U.S. Citizen or do you have the legal right to remain permanently in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>	F. Have you ever been discharged or requested or forced to resign from any position?	<input type="checkbox"/>	<input type="checkbox"/>
B. If required to drive a town vehicle, Do you possess a valid AZ driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	G. Do you have any reason to believe you will be discharged or requested to resign from your current position within the next thirty (30) days?	<input type="checkbox"/>	<input type="checkbox"/>
License No.: _____ Expiration Date: _____					
C. Have you ever worked for the Town of Springerville? When? _____	<input type="checkbox"/>	<input type="checkbox"/>	H. Have you ever served in the Armed Forces? Branch: _____ From: _____ to _____ (Mo/Yr) (Mo/Yr)	<input type="checkbox"/>	<input type="checkbox"/>
D. Are any of your relatives, either by blood or marriage, employed by The Town of Springerville?	<input type="checkbox"/>	<input type="checkbox"/>	I. Are you eligible to be registered for Selective Service?	<input type="checkbox"/>	<input type="checkbox"/>
E. Except for minor traffic violations, were you ever convicted of any federal, State, local or military law or statute? Conviction of a crime will not be an absolute bar to employment. PLEASE NOTE:	<input type="checkbox"/>	<input type="checkbox"/>	J. Have you registered for Selective Service?	<input type="checkbox"/>	<input type="checkbox"/>
			K. If the answer is "yes" to questions D, E, F, or G, please explain in the space provided below (Explanation does not preclude employment.)		

Explanation:

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EDUCATION

Did you receive a High School diploma? ( ) Yes ( ) No G.E.D. Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name (s) of Colleges or Universities attended:	Dates:	Credits:	Degree/Year
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Chief Undergraduate Courses	Hours	Chief Graduate Courses	Studies	Hours
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Trade, Technical, Business, Correspondence or other	Dates Attended	Courses Studied
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License, Trade or Professional Registration

Honors, Awards, Fellowships

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EMPLOYMENT HISTORY

Show complete experience related to the job for which you are applying; military and volunteer experience. Give additional experience when it applies to the position you are seeking. Be accurate and complete. Your qualifications will be evaluated on the basis of the information provided on this application. Start with your present or last

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position and proceed in reverse chronological order. The Town will contact previous employers and any hiring decision made by the Town is contingent upon favorable references from your current and prior employers.

PRESENT OR MOST RECENT JOB:

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Kind of Business: \_\_\_\_\_ Department: \_\_\_\_\_  
Your Title: \_\_\_\_\_ Name/Title of Department Head or Business  
# of Workers Directly Supervised: \_\_\_\_\_ Owner: \_\_\_\_\_  
Equipment or machinery operated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

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Describe each major function or duty you performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dates: of employment:  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
TOTAL MONTHS WORKED: \_\_\_\_\_  
Hours per week: \_\_\_\_\_  
Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
May we contact your present employer prior to Employment? ( ) Yes ( ) No

Reason for leaving? \_\_\_\_\_  
\_\_\_\_\_

SECOND MOST RECENT JOB:

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Kind of business: \_\_\_\_\_ Department: \_\_\_\_\_  
Your Title: \_\_\_\_\_ Name/Title of Department Head or Business  
# Workers Directly Supervised: \_\_\_\_\_ Owner: \_\_\_\_\_  
Equipment or machinery operated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

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Describe each major function or duty you performed: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
Dates: of employment:  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
TOTAL MONTHS WORKED: \_\_\_\_\_  
HOURS PER MONTH: \_\_\_\_\_  
Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
May we contact your present employer prior to Employment? ( ) Yes ( ) No

Reason for leaving? \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL EXAMINATION:**

A job-related medical examination and or drug/alcohol screening and fingerprinting may be required for the job you are applying for and an offer of employment will be contingent upon your passing said examination(s).

**REFERENCES:**

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List two persons who have known you for at least five (5) years and one person who lives in your immediate neighborhood

Name \_\_\_\_\_ phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_

Address \_\_\_\_\_

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COMMENTS:

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READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW:

I hereby certify and represent that all information given on this application and any supporting information is true and complete. I understand that any falsification or material omission of information is grounds for refusal to hire or, if hired, are grounds for termination. I hereby grant the Town of Springerville permission to contact any person or organization and question them about my job related suitability. I understand that the application with all its attachments will be the property of the Town of Springerville and considered a public record under Arizona State law and therefore subject to release without notice. **I will keep the Personnel Director advised about any changes of address or telephone number so long as I am employed or being considered for employment by the Town of Springerville.**

Signature: \_\_\_\_\_

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

PERSONNEL DEPARTMENT USE ONLY

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

Received: \_\_\_\_\_ ( ) Accepted

Reviewed: \_\_\_\_\_ ( ) Rejected