



Town of Miami

"Copper Center of the World"

Miami Town Hall
500 W Sullivan Street
Miami, Arizona 85539

Phone: 928-473-4403
Fax: 928-473-3003

Application for Employment: Please Print in Black Ink or Type
Applicants for all positions are considered without regard to race, color, sex, national origin, age, marital or veteran status, sexual orientation or the presence of disabilities. *We are an Equal Opportunity Employer.*

Position Desired	Date of Application
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Personal Information

Last Name	First Name	Middle Name	Social Security Number
Mailing & Physical Address	City	State	Zip Code
Home Telephone	Work Telephone	Cellular Telephone	
Email Address	Drivers License Number(s)		

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, give date _____
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, give date _____
Are any of your relatives or friends working for the Town of Miami? If Yes, please list name(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>(Proof of citizenship or immigration status will be required upon employment)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date would you be available for work?	_____
Are you available to work:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been dishonorably discharged from the military for any crime involving moral turpitude*?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, to either of the above questions, please explain:	
Have you retired from the Public Safety Personnel Retirement System?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education

	Name and Address of School	Course of Study / Credit Hours Earned	Yrs Completed / Date Graduated	Diploma/Degree (BA, MS, Ph.D)
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign language(s) you can speak, read and / or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Please attach your resume.

1.	Employer		Dates Employed		Duties / Work Performed
	Address, City, State, Zip Code		From	To	
	Telephone Number(s)		Hourly Rate / Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
2.	Employer		Dates Employed		Duties / Work Performed
	Address, City, State, Zip Code		From	To	
	Telephone Number(s)		Hourly Rate / Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
3.	Employer		Dates Employed		Duties / Work Performed
	Address, City, State, Zip Code		From	To	
	Telephone Number(s)		Hourly Rate / Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
4.	Employer		Dates Employed		Duties / Work Performed
	Address, City, State, Zip Code		From	To	
	Telephone Number(s)		Hourly Rate / Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				

↳ If you need additional space, please continue on a separate sheet of paper ↵

List professional, trade, business or civic activities and offices held that you consider relevant to your ability to perform this job. You may exclude membership(s), which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills / Equipment Operated

___ PC / MAC	___ Shorthand	Other (list):	Production / Mobile Machinery (list):
___ Calculator	___ Dictation	_____	_____
___ Typing WPM _____	___ Word Processing	_____	_____
___ Spreadsheet	___ Financial Software	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation as described.

Yes No

Professional References

Name	Address	Employer
Telephone	City, State, Zip Code	Position

Name	Address	Employer
Telephone	City, State, Zip Code	Position

Name	Address	Employer
Telephone	City, State, Zip Code	Position

Acknowledgments – Release of Information

Please read carefully before signing.

	Initials
I understand that, if hired, I may be fingerprinted. Any fingerprints taken will be used to conduct background reviews at the federal, state, and local levels.	
I authorize the investigation of all statements contained in this application and resume. I also authorize the Town of Miami to contact my present employer (unless otherwise noted on this application), past employers, and listed references.	
I understand that I may be driving a Town vehicle during my employment with the Town of Miami. The Town of Miami may initially and periodically review my driving record with the motor vehicle division (MVD) and other available sources. For this purpose, I will provide my authorization to allow the Town of Miami access to my driving record. I will therefore provide my driver's license number, state of issue, and expiration date.	
I authorize any person, school, current employer (except as noted), past employer(s), and organizations named in this application and resume to provide the Town of Miami with relevant information and opinion that may be useful to the Town of Miami in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.	
I understand that all employees of the Town of Miami are governed by a code of conduct and such additional codes governing attire at the workplace as may be adopted by the Town.	
I understand that if the Town of Miami terminates my employment for criminal dishonesty or breach of trust, the authorities will be notified and I may be criminally prosecuted.	
I understand that, if hired, I may not hold other employment or engage in activities that would create a conflict of interest.	
I understand that as an employee of the Town of Miami, except for certain personal information, my personnel file is considered a public record.	
I understand that this application is not a contract of employment.	
I understand after a conditional offer of employment is made, all persons with a conditional offer will be subjected to drug testing. Applicants must report for testing as requested by the Town of Miami. An applicant who fails a drug test will have the employment offer withdrawn.	
I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME , and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME .	

I hereby declare the information provided by me in this Application for Employment is true, correct, and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application may be considered as cause for dismissal from employment.		
Printed Name	Signature	Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) applied for is open: Yes No

Position(s) considered for: _____

Interviewed by: _____ Date: _____

Notes:

[Large empty rectangular box for notes]



GOVERNMENT REQUESTED APPLICANT INFORMATION. THE FOLLOWING QUESTIONS ARE FOR STATISTICAL PURPOSES ONLY.

Applicant Name

1. Sex: Female Male

2. Birthday: _____

3. Ethnic Category:

American Indian

Asian

Black

Hispanic

White

4. Statutory Preference:

Veteran's Preference.

You must submit with your application, depending on the basis for preference as shown below. A copy of your DD214 or verification certificate. Please write your social security number on the form submitted. If you submitted the appropriate form within the last 12 months, you need not provide another.

Basis for Preference:

US Active Duty Service of more than 180 days with other than dishonorable discharge.

Submit DD214. Dates of active duty service from _____ to _____.

Service connected disability.

Submit verification certificate (available at the Department of Economic Security Veterans Affairs office).

Spouse of veteran who is MIA, POW, totally and permanently service connected disabled, or who dies of a service connected disability.

Submit verification certificate (available at the Department of Economic Security Veterans Affairs office).