



TOWN OF PARKER
HUMAN RESOURCES DEPARTMENT

Mail to: 1314 11th Street
Parker, AZ 85344
Tel: 928-669-9265
Fax: 928-669-5247

APPLICATION FOR EMPLOYMENT
EQUAL OPPORTUNITY /REASONABLE ACCOMODATION
EMPLOYER

Anyone requiring assistance in completing the application form may request assistance from the Human Resources Office.

Application Number _____
(For Personnel Use Only)

We consider applicants for all positions without regard to their legally protected status, including, without limitation, applicant's race, color, religion, creed, gender, national origin, tribal affiliation, age, disability, marital or veteran status.

(PLEASE TYPE OR PRINT LEGIBLY)

GENERAL INFORMATION

Position Applied For _____			Date of Application _____		
How Did You Learn About Us?					
<input type="checkbox"/> Town Website	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Other _____					
Last Name		First Name		Middle Name	
Address	PO Box Number	Street	City	State	Zip Code
Home Telephone Number		Work/Message Telephone Number		Social Security Number	
Driver's License Number		State	Class	Currently Valid	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

All requested information must be furnished. The information you provide will determine whether you are eligible for the position or further examination process. All information contained in this application is subject to verification. Any omission, misstatement or falsification may cause for rejection of this application, removal of your name from an eligibility list, or termination from Town service. Applications are accepted for review only when positions are open.

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with the Town of Parker before? If Yes, give date _____ Yes No

Have you ever been employed with the Town of Parker before? If Yes, give date _____ Yes No

Are you related to any Town of Parker employee? Yes No

If yes, state name, relationship _____

Are you currently employed? Yes No

Have you ever been terminated or forced to resign due to misconduct or unsatisfactory service? Yes No

If yes, please explain the circumstances _____

If hired, can you furnish proof that you are eligible to work in the United States? Yes No

(If unsure of the documents needed to prove eligibility to work in the United States, the Town will be happy to explain the legal requirements.)

If No, please explain: _____

Are you able to perform the "essential functions" of the job for which you are applying with or without reasonable accommodations? Yes No
(You are not required to disclose information about physical or mental limitations that you believe will not interfere with your ability to do the job. However, if you want us to consider reasonable accommodations that you may require, you may identify your physical or mental impairment in the space below and suggest the kind of accommodation that you believe would be appropriate.)

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status or subject to recall? Yes No

Since your 18th birthday, have you been convicted (found guilty, or plead guilty or no contest) of any criminal offense? Yes No

A "Yes" answer doesn't not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered. Please be very careful in completing this section. The Human Resources Office will verify this information. It is essential that you be honest and truthful. This includes any misdemeanors and felonies (i.e., assault, burglary, disorderly conduct, domestic violence, drug-related convictions, Driving Under the Influence (DUI); Driving While Intoxicated (DWI), failure to appear in court, larceny, shoplifting, trespassing, etc). Such convictions may have resulted in a fine(s), community service, probation or jail/prison time.

Offense **Approximate Date (Month/Year)**

EDUCATION, TRAINING AND SKILLS

School	Name and Address of School	Course of Study	No. Of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				
Are you presently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of semester hours: Current:_____ Total:_____				

ADDITIONAL QUALIFICATIONS Please identify any additional knowledge, skills, qualifications, publications, certificates or awards that will be helpful to us in considering your application for employment.

OFFICE AND CLERICAL SKILLS (Required skills will be tested.)

Typing Words Per Minute: _____ Shorthand Words Per Minute: _____ Filing: Yes No

Data Entry Speed: _____ Word Processing: Yes No

Computer Skills List the computer hardware/software programs with which you are proficient.

EMPLOYMENT HISTORY

Show complete experience in each position beginning with your current or last position, including military and volunteer experience. A resume may be attached, but will not be accepted in lieu of completing the employment record. Be sure to list each significant change in title separately, even though with the same employer. If more space is needed, please use the Employment Application Addendum.

Current Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			Reason for Leaving
Supervisor	May we Contact		
	Yes	No	
Previous Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
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Supervisor	May we Contact		
	Yes	No	

PERSONAL OR PROFESSIONAL REFERENCES

Do not include family members or past supervisors.

Name & Address	Phone Number	Best Time to Call	Occupation
1			
2			
3			

IN CASE OF EMERGENCY

Name and number(s) of persons to be notified in case of accident or emergency.

_____	_____	_____	_____
Name	Relationship	Home Number	Work Number
_____	_____	_____	_____
Name	Relationship	Home Number	Work Number

ADDITIONAL INFORMATION You need only answer the following if item is checked. A check indicates the information is needed for bonafide job qualifications or other legally permissible reasons.

Is any additional information relative to change of name, or nickname necessary to enable a check on your work and education record. If yes, please explain. _____

____ If hired, will you be able to work during the normal days and hours required for the position for which you are applying? Yes

No

If No, please explain. _____

____ Do you have any commitments to another employer that might affect your employment with the Town? Yes No

If Yes, please explain. _____

____ Do you have any experience from your military service that would be relevant to the job for which you are applying? Yes No

If yes, please explain. _____

____ Do you have any language abilities (such as reading or speaking a foreign language) that might help you perform the job Yes

No

for which you are applying?
If yes, please explain. _____

____ Are you willing and physically able to travel to out of town locations, including overnight trips? Yes No

If no, please explain. _____

POLICE POSITIONS ONLY

Are you a U.S. Citizen? Yes No

Are you 21 or over? Yes No

Are you P.O.S.T. Certified? Yes No

APPLICANT'S STATEMENT Please read and initial each statement and sign below

____ By signing this application, I certify that answers given herein are true and complete to the best of my knowledge, and any omissions or misstatements of facts may be cause for rejection of this application or discharge from Town Service.

____ I authorize the Town of Parker Human Resources Department, or its Designee, to make all necessary and appropriate investigations allowable by law of all statements contained in this application for employment, including but not limited to, a criminal history background check, and fingerprinting check through local and federal law enforcement.

____ I understand that it is my responsibility to keep Human Resources advised about any changes of address or phone number.

____ I understand that this application for employment shall be considered active for a period of time not to exceed 90 days. I understand that if I wish to be considered for employment beyond this time period I should inquire as to whether or not applications are being accepted at that time.

____ I understand that if I am offered a position, as a condition of beginning my employment, I will be required to undergo a physical examination and drug screen, and I hereby authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination, and/or related considerations of reasonable accommodation, fitness for duty, or as required by law.

____ I understand that employment in a driving position is dependent upon a safe driving record, and authorize the Town of Parker to obtain an MVD report of my driving record.

_____If hired, I agree to comply with current Town of Parker Rules and Regulations and accept that the Town Council may make changes/amendments any rules, regulations or benefits in the future during the course of my employment. Nothing in the Town of Parker Rules and regulations implies a contract of employment for a particular period of time.

_____If hired, I do hereby agree to submit to any and all required drug and/or alcohol testing (as per the Town's Substance Abuse Policy – Available in the Human Resources Department) and to have test results reported to the Town of Parker. I release the Town of Parker from all liability in obtaining information pursuant to this release.

_____ If hired, I also agree to have my photograph taken for identification purposes.

_____I hereby release the Town of Parker including all employees, designees, from all liability as a result of inquiries based on information contained in my application or connected with the hiring process.

Signature of Applicant

Date

SELECTION PROCESS

Applications and supplements will be reviewed and the most qualified applicants will be selected to be interviewed by an Oral Board. Successful applicants will be notified by mail as to the date and time. An eligible list will be established from these interviews. If you are invited to a testing process and might require reasonable accommodation to participate, please advise the Human Resources Office at the time you are contacted. All applicants will be notified of their status by mail. Final selection will be made by the appropriate Department Head with approval of the Town Manager.

PLEASE NOTE: Every effort will be made to process your application in a timely manner. The selection process ensures a very thorough review of all applications to determine those who meet the minimum requirements for this position. Due to the large number of applications received for most positions and the thoroughness of the screening process, the review and response to applications requires up to two weeks to complete. Please wait to hear from us; do not call the Human Resources Office to check the status of your application. You will be notified by mail when the review is completed. If mailing your application through U.S. Mail, please use the P.O. Box 610, Parker, AZ 85344-0610 address and allow three+ days for receipt. If using an overnight mail service, be sure to use the 1314 11th Street, Parker, AZ 85344 street address.

<p>BENEFITS</p> <ul style="list-style-type: none"> • 10 Paid vacation days per year for the first five years of service • 15 Paid vacation days per year for 5-10 years of service • 20 Paid vacations days per year for 10+ years of service • 10 ½ paid holidays per year • Paid employee health insurance plan (HMO and family options available) • Paid employee life insurance plan • Paid employee dental insurance option (family option available) • Paid employee vision coverage plan (family option available) • Retirement Plan 2.66% mandatory contribution by employee matched by the Town • Deferred Compensation Plan • Cafeteria Plan/Section 125 Plan 	<p>EMPLOYMENT INFORMATION PRE-EMPLOYMENT REQUIREMENTS</p> <ol style="list-style-type: none"> 1. Approval of employment by Department Head and Town Manager. 2. Passing of Drug Screen 3. Passing a scheduled physical examination paid for by the Town. 4. Successful completion of background investigation. 5. All applicants hired by the Town must provide official verification as to identity and work authorization. <p>PLEASE NOTE:</p> <ol style="list-style-type: none"> 1. If an applicant requires "Reasonable Accommodation" in the testing process, the applicant must submit a "Reasonable Accommodation Request form" to the Human resources Office after the job posting closing date and a minimum five days working days before the testing process begins. 2. All applications (and Supplements) must be signed and must be submitted to the Human Resources Office by 5:00 on the closing date. 3. The Town of Parker considers each applicant for Town Employment only on the basis of his or her qualifications for the job without regard to race, color, religion, sex, marital status, age, disability, national origin, tribal affiliation, or any other legally protected class. 4. Town Policy allows the hiring of relatives' of current Town employees in the same department as the currently employed relative. However, relatives may not work for the same immediate supervisor if the related employees are physically located in the same work area/office.
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EMPLOYMENT APPLICATION ADDENDUM

POSITION APPLIED FOR: _____

NAME: _____

EMPLOYMENT HISTORY

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	Starting	Final	
Starting/Present Job Title			Reason for Leaving
Supervisor	May we Contact		
	Yes	No	
Previous Employer	Dates Employed		Work Performed
	From	To	
Address			
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Starting/Present Job Title			Reason for Leaving
Supervisor	May we Contact		
	Yes	No	

	Yes	No	
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