

Position Applied For: \_\_\_\_\_

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



# City of Prescott

## Application for Employment

P.O. Box 2059 Prescott, AZ 86302 [www.cityofprescott.net](http://www.cityofprescott.net)  
Telephone (928) 777-1315 800-748-6205 FAX (928) 777-1213 TDD (928) 777-1100 Jobline (928) 777-1280

**The City of Prescott is an equal opportunity employer and does not discriminate against any employee or applicant for employment because of race, color, religion, national origin, age, disability, or any other reason prohibited under Federal, State, or local laws. We base all hiring decisions on merit alone. Additionally, the City of Prescott is a drug free and non-smoking workplace.**

**Please type or print. This application must be legible, fully completed, signed and dated for consideration.**

Name: \_\_\_\_\_  
Last First Middle

Other Names Used: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Home Telephone # \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Email Address \_\_\_\_\_ Social Security # \_\_\_\_\_

May we contact you at work?  Yes  No  N/A

If yes: Work Telephone # \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Have you ever been employed by the City of Prescott?  Yes  No

If yes, give dates: \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_ in the \_\_\_\_\_ Dept.

Are you legally eligible for employment in the United States?  Yes  No  
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Type of Employment Desired:  Full-time  Part-time  Temporary  Seasonal

Will you work overtime if required?  Yes  No Date available for work: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

License # \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever had your driver's license suspended or revoked?  Yes  No  
If yes, please explain. Include dates, places, and nature of offenses.

Have you ever been convicted, received deferred adjudication, or entered a guilty plea or nolo contendere for any felony or class 1 misdemeanor offense?  Yes  No

Note: a "yes" answer will not automatically disqualify you from employment with the City of Prescott.  
If yes, please explain. Include dates, places, and nature of offenses.

Are you presently under indictment for any felony or class 1 misdemeanor offense?  Yes  No

If yes, please explain. Include dates, places, and nature of offenses. Do not include information for any charges that have been dismissed or are no longer pending.

Have you ever been dismissed from any job?  Yes  No  
If yes, please explain.

Telephone: \_\_\_\_\_  
Name: \_\_\_\_\_

(Home) (Last)

(Message) (First)

(Middle)

Position Applied For: \_\_\_\_\_

**Educational Background:**

Check highest grade completed High School:  8  9  10  11  12  GED College:  1  2  3  4  
 Graduate Work:  Yes  No

College/University/Trade School	City/State	# Units	Degree Diploma	Major

If you are fluent in any languages other than English, please list. \_\_\_\_\_

**Employment History:**

List your complete employment history for the past **ten** years starting with your most recent employer. List all positions held, including military experience, part-time summer and/or volunteer work and periods of employment; do not omit any employers. Explain any gaps in employment in comment section. If you are submitting a resume, you are still required to summarize your job responsibilities in the space provided.

Current Employer		Dates Employed		Contact for employment verification:	
Employer Name:	From:	Telephone:			
Telephone:	To:	Telephone:			
Address:	<b>Starting Salary</b>		<b>Final Salary</b>		May we contact current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Summarize your job responsibilities			Reason for leaving:		
_____ _____ _____ _____ _____					

Previous Employer		Dates Employed		Contact for employment verification:	
Employer Name:	From:	Telephone:			
Telephone:	To:	Telephone:			
Address:	<b>Starting Salary</b>		<b>Final Salary</b>		May we contact previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Summarize your job responsibilities			Reason for leaving:		
_____ _____ _____ _____ _____					

Previous Employer		Dates Employed		Contact for employment verification:	
Employer Name:	From:	Telephone:			
Telephone:	To:	Telephone:			
Address:	<b>Starting Salary</b>		<b>Final Salary</b>		May we contact previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Summarize your job responsibilities			Reason for leaving:		
_____ _____ _____ _____ _____					

<b>Professional/Work References:</b>	
List name and telephone number of three <b>professional/work</b> references who are not related to you. Please include one previous supervisor.	
<b>Name, Company, Address</b>	<b>Telephone</b>

**Special Skills and Qualifications:**  
 Typing \_\_\_\_\_ WPM List any PC applications you have used:  
 \_\_\_\_\_  
 \_\_\_\_\_

Job-Related Certificates	Date Acquired	Status: Current/Void

List special accomplishments, publications, awards and the names of professional groups of which you are or have been a member:  
 \_\_\_\_\_  
 \_\_\_\_\_

List any relative working for the City.  
 \_\_\_\_\_  
 \_\_\_\_\_

List any additional comments and/or information you would like us to consider:  
 \_\_\_\_\_  
 \_\_\_\_\_

Where did you hear about us? Check all that apply...

<input type="checkbox"/> Prescott Job Hotline	<input type="checkbox"/> Prescott Daily Courier	<input type="checkbox"/> Other
<input type="checkbox"/> Posting at City Hall	<input type="checkbox"/> The Employment Network	_____
<input type="checkbox"/> City's Website	<input type="checkbox"/> Friend/Relative in the Area	_____
<input type="checkbox"/> Chamber of Commerce Website	<input type="checkbox"/> City Employee	_____

I certify that all information on this application form is complete and accurate. I understand that any omissions or misstatements of facts are cause for rejecting my application or, if I am hired, termination of employment. I also authorize the City of Prescott to make all necessary and appropriate investigations to verify the appropriate information provided in this application and to secure additional job-related information about me. I understand that this application is not an employment contract. Any applicant requiring accommodation for a disability should advise the Human Resources Department.

Signature of Applicant	Date
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**THANK YOU FOR COMPLETING THIS APPLICATION FORM AND YOUR INTEREST  
 IN WORKING FOR THE CITY OF PRESCOTT!**

EEO/M/F/V/H/D/NSE



## City of Prescott Applicant Profile

To all Applicants:

The City of Prescott is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status. Although completion of this profile is not mandatory, your assistance will be greatly appreciated and will help us to improve our recruitment practices and policies. The information that you provide on this profile is used for statistical purposes only in complying with record keeping requirements of the Federal Government to assure equal employment opportunity in the City's hiring practices. This profile will be filed separately from your application and will not be used in any way in the employment process.

Thank you.

Applicant's Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

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

Position Applied For: \_\_\_\_\_

Sex:  Male  Female

Age:  Under 21  21-39  40-54  55-70

Race/Ethnic Group:  Hispanic  Black  White  
 Asian/Pacific Islander  American Indian/Alaska Native

Check if Applicable:  Veteran  Disabled Veteran

Do you consider yourself or do others consider you to be handicapped or disabled?  
 Yes  No