



Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date available to start work?
Do any of your immediate family members (by blood or marriage) currently work for the City? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ Relation: _____  <i>If yes, not necessarily disqualifying, but will be considered individually and should be explained fully.</i>	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of U.S. Citizenship or Immigration Status will be required upon employment.</i>	
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No  License #: _____ Class _____ State _____ Expiration Date: _____	
Have you ever had your driver's license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain. Include dates, places, and nature of offenses.  <i>A "Yes" answer will not automatically disqualify you from employment with the City of Eloy.</i>	
Are you presently under indictment for any felony or class 1 misdemeanor offense? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain. Include dates, places, and nature of offenses.  <i>A "Yes" answer will not automatically disqualify you from employment with the City of Eloy.</i>	
Have you ever been dismissed from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	

**Educational Background**

<b>Please indicate the highest grade you have completed:</b>			
High School: <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			
Years of College: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
Graduate School: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>SCHOOL NAME</b> • High School • College/University • Trade School	<b>CITY/STATE</b>	<b>DEGREE/DIPLOMA RECEIVED, OR # OF CREDITS COMPLETED</b>	<b>MAJOR</b>

## Employment History

List your complete employment history for the past FIVE years starting with your most recent employer. List all positions held, including military experience, part-time, summer, and/or volunteer work; 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		Please summarize your job responsibilities:
Employer Name		
Street Address		
City, State		
Zip Code		
Job Title		
Dates Employed	From:                      To:	
Starting Salary	\$ <b>(CHECK ONE)</b> <input type="checkbox"/> Hourly	
Ending Salary	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Supervisor's Name		
Employment Verification Contact		
Telephone Number	(      )	
Reason for leaving		
May we contact your employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PREVIOUS EMPLOYER		
Employer Name		
Street Address		
City, State		
Zip Code		
Job Title		
Dates Employed	From:                      To:	
Starting Salary	\$ <b>(CHECK ONE)</b> <input type="checkbox"/> Hourly	
Ending Salary	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Supervisor's Name		
Employment Verification Contact		
Telephone Number	(      )	
Reason for leaving		

PREVIOUS EMPLOYER		Please summarize your job responsibilities:	
Employer Name			
Street Address			
City, State			
Zip Code			
Job Title			
Dates Employed	From: To:		
Starting Salary	\$	<b>(CHECK ONE)</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Ending Salary	\$		
Supervisor's Name			
Employment Verification Contact			
Telephone Number	(      )		
Reason for leaving			

*If you need additional space, please continue on a separate sheet of paper.*

**COMMENT SECTION (INCLUDE EXPLANATIONS OF GAPS IN EMPLOYMENT)**

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**Professional References**

List the name and telephone number of three professional references who are not related to you.

NAME	ADDRESS	TELEPHONE NUMBER	YEARS KNOWN
		(      )	
		(      )	
		(      )	

**Foreign Languages**

Are you fluent in any foreign languages?			
LANGUAGE	SPEAK Y/N	READ Y/N	WRITE Y/N

**Job Related Certificates**

CERTIFICATE NAME	DATE ACQUIRED	STATUS: CURRENT/VOID

**Special Skills and Qualifications**

Typing Speed	Wpm
Software programs you are proficient in using	
Special accomplishments, publications, awards you have received, and professional groups of which you are or have been a member	
Any additional information you would like us to consider	

NOTICE: All documents submitted to the City of Eloy (including, but not limited to, licenses, certifications, and diplomas), become the property of the City of Eloy upon submission, and will not be returned to the applicant. Please DO NOT submit original documents. The City of Eloy will not be responsible for the loss and/or destruction of any submitted materials.

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 Eloy 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. I have read the job description for which I am applying and can perform the essential functions of the position with or without accommodations. If accommodations are needed, it is my responsibility to notify the City prior to accepting a job offer.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## CITY OF ELOY APPLICANT PROFILE

To all Applicants:

The City of Eloy 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 purpose 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.

<b>Date:</b>	
<b>Position Applied:</b>	
<b>Applicant's Name:</b> (First, Middle, Last)	

<b>Sex:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Age:</b>	<input type="checkbox"/> Under 21 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> Over 70
<b>Race/ Ethnic Group:</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> American Indian/ Alaskan Native
<b>Veteran Status:</b> (Check if Applicable)	<input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Not Veteran
<b>Do you or others consider you to be handicapped or disabled?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No