



CITY OF TOMBSTONE  
P.O. BOX 339, TOMBSTONE, AZ 85638  
(520) 457-2202

## APPLICATION FOR EMPLOYMENT

*We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital status, sexual orientation, or any other legally protected status. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.*

Please print or type. The application must be fully completed to be considered. Please complete each section even if you attach a resume.

### POSITION

Position Applying For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Employment Desired: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Shift Work

Available Start Date: \_\_\_\_\_ Desired Pay: \_\_\_\_\_

Have you ever applied for employment with us before? ☐ Yes ☐ No

If Yes, give date: \_\_\_\_\_

Have you ever been employed with the City? ☐ Yes ☐ No

If Yes, give date: \_\_\_\_\_

Can you travel if a job requires it? ☐ Yes ☐ No

*Do not answer the following question unless you have been informed about the requirements of the job for which you are applying.*

Are you capable of performing in the reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?  
☐ Yes ☐ No

### PERSONAL INFORMATION

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

Physical Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

(Personal Information Continued)

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
1<sup>st</sup> Contact Number

\_\_\_\_\_  
2<sup>nd</sup> Contact Number

\_\_\_\_\_  
E-Mail Address

Social Security Number: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Are you legally eligible to work in the US?

☐ Yes ☐ No

(Proof of eligibility will be required upon employment)

Do you have a valid state issue driver license?

☐ Yes ☐ No

(Proof may will be required upon employment, depending on position)

Do you have a valid CDL?

☐ Yes ☐ No

(Proof may will be required upon employment, depending on position)

Have you been convicted of a felony within the last 7 years?

☐ Yes ☐ No

(Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **EMPLOYMENT HISTORY**

Are you Currently Employed?

☐ Yes ☐ No

If yes, may we contact your present employer?

☐ Yes ☐ No

If no, are you currently on "lay-off" status and subject to recall?

☐ Yes ☐ No

1. \_\_\_\_\_

Employer

Dates of Employment

\_\_\_\_\_  
Business Mailing Address

\_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Starting/Final Pay Rate

\_\_\_\_\_  
Reason for Leaving

Work/Duties performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
Employer Dates of Employment  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Phone Number Supervisor  
\_\_\_\_\_  
Job Title Starting/Final Pay Rate Reason for Leaving

Work/Duties performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
Employer Dates of Employment  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Phone Number Supervisor  
\_\_\_\_\_  
Job Title Starting/Final Pay Rate Reason for Leaving

Work/Duties performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
Employer Dates of Employment  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Phone Number Supervisor  
\_\_\_\_\_  
Job Title Starting/Final Pay Rate Reason for Leaving

Work/Duties performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## EDUCATION HISTORY

HIGH SCHOOL:

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
Course of Study Years/Diploma

COLLEGE:

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
Course of Study Years/Diploma

OTHER (SPECIFY):

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
Course of Study Years/Diploma

## SKILLS

OFFICE SKILLS:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fax               | <input type="checkbox"/> Windows           | <input type="checkbox"/> Microsoft Excel      |
| <input type="checkbox"/> 10 Key/Calculator | <input type="checkbox"/> Microsoft Outlook | <input type="checkbox"/> Microsoft PowerPoint |
| <input type="checkbox"/> Typewriter        | <input type="checkbox"/> Microsoft Word    |   |



3. \_\_\_\_\_  
Last Name First Name Contact Number

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

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign any time and the Employer may discharge Employee at any time with or without cause. It is further understood that the "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization

In the event of my appointment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that, I am required to abide by all rules and regulations of the board/commission and the City of Tombstone.

\_\_\_\_\_  
Signature Date

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**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange an interview? Yes No Date of Interview? \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job offer given? Yes No Job offer Accepted? Yes No Start Date? \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hourly/Salary: \_\_\_\_\_

\_\_\_\_\_  
Name Title Date