

# Application for Employment

## Town of Wellton

28634 Oakland Avenue ● P.O. Box 67  
Wellton, Arizona 85356

(928) 785-3348 ● Fax: (928) 785-4374 ● wellton@town.wellton.az.us

**Instructions:** Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep your information current and active. Be sure to sign and date the application. *Please type or print in ink.*

## Position Applied For

Position applied for: \_\_\_\_\_

Indicate the type of employment you will accept:

Full-Time Position

Part-Time Position

Temporary Position

## Personal Information

Full Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

City, State & Zip: \_\_\_\_\_

Have you been previously employed with the Town of Wellton:  Yes  No

If yes, please give approximate dates of employment: \_\_\_\_\_

Do you have a relative who currently works for the Town of Wellton?  Yes  No If yes, who? \_\_\_\_\_

See attached resume. *(Go directly to Applicant Signature on back if resume attached.)*

## Educational Background

Circle highest grade completed: 5 6 7 8 9 10 11 12 College: 1 2 3 4 Graduate:  Yes  No Date: \_\_\_\_\_

GED:  Yes  No Vocational Training: \_\_\_\_\_ Graduate Training: \_\_\_\_\_

Name of last school attended: \_\_\_\_\_

## Personal References

*(Other than family members or previous employers.)*

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

## Previous Employment

(Place an  by the Employer(s) you **do not** want us to contact. Begin current or most recent employer.)

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Position held: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Last wage: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Position held: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Last wage: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Position held: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Last wage: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Position held: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Last wage: \_\_\_\_\_

Do you have a legal right to be employed in the U.S.?  Yes  No (If yes, proof is required.)

Are you of legal age to work?  Yes  No

**I further agree and understand any offer of employment is contingent upon successfully passing an alcohol/drug screening test, background investigation and credit check.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Additional Information

**To the applicant:** Read this section carefully before answering any of the questions in this area. Answer the following questions only if the box on the left of the question is checked. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal laws also prohibit other types of discrimination, such as age, citizenship, disability, veteran status, attainment of benefits, or participation in union activities. The laws of many states and localities also prohibit some or all of these types of discrimination, as well as prohibiting additional types of discrimination, such as discrimination based on ancestry, parental or marital status, sexual orientation or source of income. Only those questions checked below are believed by the employer to be needed for a legally permissible reason.

Do you have the ability to perform the essential job functions for which you have applied?  Yes  No  
Are you able to perform the essential job functions listed for this position with or without accommodation?  Yes  No

Sex:  M  F  Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.  Weight: \_\_\_\_\_ lbs.

Birth Date: \_\_\_\_\_  Have you every been convicted of a felony?  Yes  No

I understand the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge the information contained on this application is true. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and the Town of Wellton for either employment or the provision of any benefits; and further understanding that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the Town of Wellton will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the Town of Wellton unless made in writing and signed by me and an authorized representative of the Town of Wellton.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Applicant #: \_\_\_\_\_

Employee #: \_\_\_\_\_

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

Position: \_\_\_\_\_

Rate: \_\_\_\_\_

Class: \_\_\_\_\_

Background: \_\_\_\_\_

Notes: \_\_\_\_\_

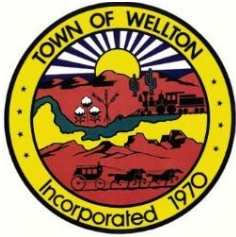
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Attachments:

- Resume
- Applicant Reference Check
- Applicant Interview



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### FCRA DISCLOSURE AND ACKNOWLEDGMENT

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

#### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

**Town of Wellton** (“the Company”) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. An investigative consumer report may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. Please be advised that the nature and scope of the most common form of investigative consumer report obtained is an investigation into your education and/or employment history. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report, and to request a copy of your report.

The report may be generated by **Universal Background Screening (7720 North 16th Street, Suite 200, Phoenix, AZ 85020, 1-877-263-8033, www.universalbackground.com)** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York and Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

**New York applicants or employees only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Oregon applicants or employees only:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

**Washington State applicants or employees only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and, if I am hired, throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Universal Background Screening**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name (First, Middle, Last)

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

\_\_\_\_\_  
Driver’s License (State, Number)

\_\_\_\_\_  
Date of Birth

\*This information will be used for background screening purposes only and will not be used as hiring criteria.