



TOWN OF CAVE CREEK
 37622 N. Cave Creek Rd.
 Cave Creek, AZ 85331
 (480) 488-1400 ▪ FAX: (480) 488-2263

NAME

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

GENERAL

- Read the job announcement before completing this application. Request a copy if one is not provided.
- Answer all questions completely and in detail.
- Sign this application and all other forms provided with the application and/or job announcement.

EMPLOYMENT

- Show complete experience in each position beginning with your present or last position, including military experience, for the last ten years.
- A resumé may be attached but will not be accepted in lieu of completing the employment record.
- Be accurate and complete. The amount of experience and the way you describe your experience may determine whether or not you are given further consideration for the position.

DATE

THE TOWN OF CAVE CREEK IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE IN HIRING ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN OR ANCESTRY, SEX, AGE, RELIGIOUS BELIEFS, VETERAN STATUS, DISABILITY OR POLITICAL AFFILIATION.



It is our policy to provide individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of our services, programs, and activities. In order for us to provide a suitable accommodation, we ask that you request the assistance desired by contacting the Town Manager's Office. We are here to assist you in any phase of the application process as well.

TITLE OF POSITION FOR WHICH YOU ARE APPLYING

A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH JOB ANNOUNCEMENT

Job Title:

Last Name:

First Name:

M.I.:

Address:

Email:

Primary Telephone:

Alternate Telephone:

Are you legally authorized to work in the United States?

Will you now or in the future require sponsorship for employment?

Are you a resident of the town of Cave Creek?

Are you 18 years of age or older?

Do you now or have you in the past worked for the Town of Cave Creek?
If yes, please give job title, classification, paygrade, status, department, and dates of employment:

Are you currently employed?
If yes, may we contact your employer?

What is your salary requirement?

List any languages other than English you speak, read or write:

List relatives employed by the Town of Cave Creek

Name	Relationship	Department

REFERENCES: List four (4) references that have known you for three (3) or more years and have knowledge of your character, experience and ability. Please include name, email address and phone number.

Name	Email Address	Phone

EDUCATION

Highest education level completed?

Names of Institutions	Major	Degree & Year
Trade or Other Schools	Course of Study	Certificate

Are you presently attending school?

If yes, how many semester hours?

ADDITIONAL INFORMATION: List any professional societies, related college subjects, special skills, knowledge or abilities which you feel are relevant to the position (Do not include those that indicate race, color, sex, age or religious beliefs).

Honors Received:

EMPLOYMENT HISTORY

Include all jobs within the past ten years. Give earlier job history, if pertinent to job applying for. Include military experience and volunteer work as part of job history. You may supplement this application with a resumé, but all questions must be answered on the application. **DO NOT** state "see resumé." Use additional pages if needed to give complete employment history.

Start with current or most recent job.

Dates of Employment: From: _____ To: _____	Employer:
Starting Salary: \$ _____ per _____	Address:
Final Salary: \$ _____ per _____	Phone:
Hours per Week:	Name/Title of Supervisor:
Number Supervised:	Job Title:
Duties:	
Reason for Leaving/Looking for New Job:	

Dates of Employment: From: _____ To: _____	Employer: _____
Starting Salary: \$ _____ per _____	Address: _____
Final Salary: \$ _____ per _____	Phone: _____
Hours per Week: _____	Name/Title of Supervisor: _____
Number Supervised: _____	Job Title: _____
Duties: _____	
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Reason for Leaving/Looking for New Job: _____	

SPECIAL QUALIFICATIONS

List the registrations and/or licenses you now hold or have held in the past

TYPE	ISSUED BY	EXPIRATION

Typing: WPM

List hardware, software, programs and databases with which you are knowledgeable:

List the types of vehicles you are licensed to operate

VEHICLE TYPE	TYPE OF LICENSE

List the types of mechanical equipment, electronic equipment or machinery you are qualified to

OPERATE	REPAIR

APPLICANT CERTIFICATION

I HEREBY CERTIFY that all information made on or in connection with this application is true and complete to the best of my knowledge and belief and that I have not knowingly withheld any fact or circumstance. I understand that any misrepresentation or concealment of material fact will be sufficient ground for rejection of application, removal from eligible lists or removal from employment.

Signature: _____

Date: _____

CHECK YOUR APPLICATION!
Be sure you have filled it in completely.
CHECK THE JOB ANNOUNCEMENT!
Does it require any special enclosures? Have you attached them?

Self-Identification of Gender and Race/Ethnicity

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, sexual orientation, gender identity or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTIONS

What is your gender? Please mark the **one box** that describes the gender with which you primarily identify.

Male

Other

Female

I do not wish to provide this information

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

Hispanic or Latinx: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: a person having origins in any of the black racial groups of Africa.

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.

I do not wish to provide this information

Addendum to Town of Cave Creek Application Applicant Agreement

Have you been convicted (found guilty, or plead guilty or no contest) of any criminal offense?

Yes No

Offense:

Approximate date (month/year):

Have you ever been requested or have been forced to resign from a position for misconduct or unsatisfactory service? Yes No If yes, please explain:

Please be very careful in completing this section. The Personnel Department will verify this information. The information disclosed will not necessarily bar you from further consideration. 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 fines, community service, probation or jail/prison time. Applicants are not required to report convictions that have been expunged or sealed by a court of law.

- I understand that if I am offered a position, 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, or fitness for duty. **I understand that I may not begin employment until the Town has received the results of my physical examination and drug screen.**
- I do hereby agree to submit to any and all required drug and/or alcohol testing and to have test results reported to the Town of Cave Creek. I release the Town of Cave Creek from all liability in obtaining information pursuant to this release.
- If hired, I agree to comply with current Town rules and policies and accept that the Town may change, add, or withdraw rules and/or policies in the future during the course of my employment.
- I give the Town of Cave Creek permission to conduct a criminal history check on me as part of the employment process.
- I understand that continued employment in a driving position is contingent upon a safe driving record and possession and maintenance of a valid required driver's license and endorsements.
- I understand that employment in a part-time, temporary, or seasonal position is "at-will" and that I may be terminated at any time.
- I understand that falsifications or omissions of facts are sufficient cause for dismissal if I am hired, regardless of the date of discovery.

My signature below acknowledges my understanding and agreement with all conditions as stated.

Signature of Applicant

Date

AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

To Employer: _____

Employee: _____

Dates of Employment: _____

You are hereby authorized and requested to release copies of your entire/complete employee/personnel file(s) for the above-referenced individual, whether electronic, and/or paper-based, including, but not limited to, all documents assembled from the date of application or offer for employment through the date of your response to this request, including, but not limited to, all application, resumes, offers, acceptances, contracts, correspondence, letters, emails, evaluations, disciplinary actions, documentation regarding promotions, demotions, termination and resignations of employment, reports, memorandums, and any/all other documentation contained in the employee and/or personnel file(s) (i.e., copies of your entire/complete files). Please produce, on an expedited basis, the above requested items to:

In the event you have questions regarding this request, including arrangements for payment of the cost of preparing copies of the files, please contact:

Thank you.

Employee
(Print Name)

Date:

Employee
(Signature)

TOWN OF CAVE CREEK
DRUG AND ALCOHOL TEST CONSENT FORM

CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONABLE SUSPICION DRUG AND ALCOHOL TEST
SCREEN AND RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I, the undersigned, certify that I have read and understand the Town's Statement of Policy on Drug/Alcohol Abuse and have received a copy of that policy. I have also been provided with the opportunity to ask questions regarding the policy. I further understand that my failure to honor the terms of the Town's Statement of Policy on Drug/Alcohol Abuse will be grounds for termination of my employment, or loss of consideration of my application for employment with the Town.

I hereby CONSENT to allow the facility of the Town's choice to take a specimen of my hair, urine, or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, The Town of Cave Creek.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against the Town of Cave Creek, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and HOLD HARMLESS the Town of Cave Creek, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

Signature

Printed Name

Date

Adopted: July 30, 2015