CITY OF BENSON

120 W. 6TH STREET
BENSON, ARIZONA 85602
520-586-2245
www.cityofbenson.com

Application for Employment

Last Name	First Name	Middle Name
Home Address AND Mailing Address		Email Address (optional)
City	State	Zip Code
Position Applied For		Date
Referral Source		
☐Employee ☐Relative ☐Walk In ☐Other _____		
Where did you hear about this ad?		
☐Newspaper ☐ Benson Web Page		

The City of Benson is an Equal Opportunity Employer and a Drug Free Workplace.

APPLICATION FOR EMPLOYMENT

The City of Benson is an Equal Opportunity Employer and considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

PERSONAL DATA – PLEASE TYPE OR PRINT IN INK

Full Name	
Telephone Number(s)	The best time to contact you at home is: : a.m./p.m.
Have you ever filed an application with us before? ☐ Yes ☐ No If yes, give month and year. Month? Year?	
Have you ever been employed with us before? ☐ Yes ☐ No If yes, give month and year. Month? Year?	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No *Proof of citizenship or immigration status will be required upon employment.*	
If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No	
Have you been convicted of a felony? ☐ Yes ☐ No If yes, please explain. *A positive answer will not necessarily disqualify you from consideration.*	

WORK PREFERENCE

Position Applied For	Desired Salary	Date Available
Work preference: ☐ Full-Time ☐ Part-Time ☐ Summer ☐ Temporary ☐ Shift Work ☐ Other (explain)		
Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No	Can you travel if a job requires it? ☐ Yes ☐ No	
Have you ever been employed by a municipality? ☐ Yes ☐ No If yes, when and where?		

EDUCATIONAL BACKGROUND

	Name of School and Location	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

PROFICIENCIES

List makes and models of computers you have used and your level of experience.		
List software you have used and your level of experience.		
Typing speed:	10-Key calculator speed:	Shorthand speed:
List production/mobile machinery you have used and your level of experience.		
List any foreign languages you can speak, read and/or write and your level of proficiency.		

EMPLOYMENT HISTORY -- List all employers beginning with the most recent. Use additional sheet if necessary.

Employer			Date Employed From:	Date Employed To:
Employer's Address			Responsibilities:	
Supervisor	Title	Phone Number	Job Title	
Reason For Leaving			Beginning Salary:	Ending Salary:
May we contact? ☐ Yes ☐ No ☐ Later			$ per	$ per

Employer			Date Employed From:	Date Employed To:
Employer's Address			Responsibilities:	
Supervisor	Title	Phone Number	Job Title	
Reason For Leaving			Beginning Salary:	Ending Salary:
May we contact? ☐ Yes ☐ No ☐ Later			$ per	$ per

Employer			Date Employed From:	Date Employed To:
Employer's Address			Responsibilities:	
Supervisor	Title	Phone Number	Job Title	
Reason For Leaving			Beginning Salary:	Ending Salary:
May we contact? ☐ Yes ☐ No ☐ Later			$ per	$ per

Employer			Date Employed From:	Date Employed To:
Employer's Address			Responsibilities:	
Supervisor	Title	Phone Number	Job Title	
Reason For Leaving			Beginning Salary:	Ending Salary:
May we contact? ☐ Yes ☐ No ☐ Later			$ per	$ per

Explain reasons for any breaks in employment.

U.S. MILITARY EXPERIENCE

From	To	Branch	Final Rank	Occupational Specialization
Describe any job-related training received in the United States military.				

EMPLOYMENT REFERENCES

Person(s) we may contact. One *must* be your former/current employer. Other references may be business associates, who are competent to judge your experience and fitness for employment with the City of Benson:

Name and Relationship to Applicant (Employer, Teacher, etc.)	Address or E-Mail	Business Occupation	Telephone Number
1. Name	Street		
Relationship	City		
2. Name	Street		
Relationship	City		
3. Name	Street		
Relationship	City		

Registration and/or Licenses

Driver's License? ☐ None ☐ Regular ☐ Commercial What State? _____ Expires: _____
Number: _____

Journeyman's License? ☐ None ☐ Yes Trade: _____ Issued by: _____
Expires: _____

Master's License? ☐ None ☐ Yes Trade: _____ Issued by: _____
Expires: _____

ADDITIONAL INFORMATION

Describe any specialized training, apprenticeship, skills and extra-curricular activities that are pertinent to the position you are applying for. *You may exclude activities that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

Please summarize special job-related skills and qualifications acquired from employment or other experience.

List professional, trade, business or civic activities and offices held. *You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

State any additional information you feel may be helpful to us in considering your application.

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.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. In the event of employment, 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 City of Benson.

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

I hereby understand and acknowledge that, unless otherwise defined by applicable law, my initial employment relationship with the City of Benson is of an "at will" nature, which means that the *Employee* may resign during the initial evaluation period and the *Employer* may discharge *Employee* during the initial evaluation period with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by me and the City Manager.

_____ _____

Signature of Applicant Date

AUTHORIZATION: **Please read carefully and initial each paragraph before signing.**

"I declare under penalty of perjury that the facts contained in this application or any resume or other documentation submitted are true and complete to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date." _____**Initials**

"I agree to immediately notify the City if I should be convicted of any crime while my job application is pending or during my period of employment, if hired." _____**Initials**

"I understand that the City may be requesting information or a report to contain pertinent information permitted by law from various local, state, federal agencies, and former employers. I understand that the report may include information as to my character, general reputation, personal characteristics, work habits, performance and experience, along with reasons for termination of past employment from previous employers. I voluntarily and knowingly authorize the release of all information requested by the City of Benson." _____**Initials**

"I authorize the investigation of all statements contained in this application (and accompanying resume) and further authorize any person, school, current employer (except as expressly noted), past employer(s) and organizations named in this application form (and accompanying resume) to provide the City information and opinion that may be useful in making a hiring decision. I release all informants from all liability for any damage that may result from furnishing information and opinion (which is truthful or made in good faith) to you." _____**Initials**

"I understand that, if hired, I may not hold other employment, nor engage in other activities that create a conflict of interest with my position with the City, unless given permission in writing by the Department Head and the Human Resources Department." _____**Initials**

Compliance with Rules

"If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the City of Benson." _____**Initials**

Signature: _____ **Date:** _____