

Education and Training

Check highest grade completed: High School: 9 10 11 12 GED College: 1 2 3 4
 Graduate Work: Yes No

College/University/Trade School	City/State	# Units	Degree Diploma	Major

US Military Service	Branch	Dates of Service	Type of Discharge
<input type="checkbox"/> YES <input type="checkbox"/> NO			

If you are fluent in any languages other than English, please list. _____

Professional License/Certification/Registration (e.g. Engineer, Technician, Contractor, Water or Wastewater, CDL, etc.)	Date Acquired	Status: Current/Void/Expired

List any courses or workshops you have attended that relate to the position for which you are applying:

List computer hardware, software and other office equipment you can operate and years of experience: Typing: WPM

List any other equipment you can operate (hand tools, machinery, etc.) and years of experience:

List special accomplishments, publications, awards and the names of professional groups of which you are or have been a member:

List any additional comments and/or information you would like us to consider:

Employment History

List your complete employment history for the past **ten** years starting with your most recent employer. List all positions held, including military experience, part-time summer and/or volunteer work and periods of employment; 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	<input type="checkbox"/> Not Currently Employed	Date Job Started		Date Job Ended	
Company:	Supervisor:				
Job Title:	Phone:	\$	<input type="checkbox"/> Hourly	\$	<input type="checkbox"/> Hourly
Address:			<input type="checkbox"/> Annually		<input type="checkbox"/> Annually
Summarize your job responsibilities:					

Reason for leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Previous Employer	Date Job Started		Date Job Ended			
Company:	Supervisor:					
Job Title:	Phone:		\$	<input type="checkbox"/> Hourly	\$	<input type="checkbox"/> Hourly
Address:				<input type="checkbox"/> Annually		<input type="checkbox"/> Annually
Summarize your job responsibilities:						

Reason for leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Previous Employer	Date Job Started		Date Job Ended			
Company:	Supervisor:					
Job Title:	Phone:		\$	<input type="checkbox"/> Hourly	\$	<input type="checkbox"/> Hourly
Address:				<input type="checkbox"/> Annually		<input type="checkbox"/> Annually
Summarize your job responsibilities:						

Reason for leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Previous Employer	Date Job Started		Date Job Ended			
Company:	Supervisor:					
Job Title:	Phone:		\$	<input type="checkbox"/> Hourly	\$	<input type="checkbox"/> Hourly
Address:				<input type="checkbox"/> Annually		<input type="checkbox"/> Annually
Summarize your job responsibilities:						

Reason for leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employment History (continued)

Previous Employer	Date Job Started	Date Job Ended
Company: _____ Supervisor: _____		
Job Title: _____ Phone: _____	\$	\$
Address: _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually
Summarize your job responsibilities: _____ _____ _____		
Reason for leaving: _____		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Employer	Date Job Started	Date Job Ended
Company: _____ Supervisor: _____		
Job Title: _____ Phone: _____	\$	\$
Address: _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually
Summarize your job responsibilities: _____ _____ _____		
Reason for leaving: _____		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

References

Professional/Work References:	
List name and telephone number of three professional/work references who are not related to you. Please include one previous supervisor .	
Name, Company, Address	Telephone

Where did you hear about us? Check all that apply...

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Posting at City Hall | <input type="checkbox"/> Prescott Daily Courier | <input type="checkbox"/> Other |
| <input type="checkbox"/> City's Website | <input type="checkbox"/> The Employment Network | _____ |
| <input type="checkbox"/> Chamber of Commerce Website | <input type="checkbox"/> Friend/Relative in the Area | _____ |
| <input type="checkbox"/> Trade Website | <input type="checkbox"/> City Employee | _____ |

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 Prescott 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.

Signature of Applicant	Date
------------------------	------

**THANK YOU FOR COMPLETING THIS APPLICATION FORM AND FOR YOUR INTEREST
IN WORKING FOR THE CITY OF PRESCOTT!**