

City of St. Johns, Arizona
Application for Employment

The City of St. Johns is an equal opportunity employer, considering applicants for positions without regard to race, color, gender, religion, national origin, age, disability, or any other legally protected status.

Expires in 6 months

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name	
Mailing Address	City	State	Zip Code
Telephone Number	Message Number	Social Security Number	

Are you a U.S. Citizen? Yes No Are you 18 or over? Yes No

Have you ever been employed with the City of St. Johns before? Yes No Dates _____

Driver's License No.: _____ CDL No.: _____

If you are currently employed, may we contact your present employer? Yes No

Are you available to work (check all that apply):

Full Time Part Time Shift Work Temporary

Are you prevented from lawfully becoming employed in this country? Yes No

(Proof of citizenship or immigration status will be required upon employment)

Applicant's Statement

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.

I understand that neither this document nor any offer of employment from the City of St. Johns constitutes an employment contract.

I understand that false or misleading information given in my application or interview(s) may result in discharge.

Applicant's signature: _____ Date: _____

Military Service	
Branch of Service	Dates of Service
Duties/Specialized Training	

Education		
School	City	State
Dates Attended	Degrees or Diplomas	
School	City	State
Dates Attended	Degrees or Diplomas	
School	City	State
Dates Attended	Degrees or Diplomas	

Foreign Languages			
<i>Indicate any foreign languages you can speak, read and/or write</i>			
	Fluent	Good	Fair
Speak			
Read			
Write			

References		
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Employment History

Begin with your most recent employer. Attach additional sheets as needed

Job Title	From Date	To Date	Work Performed
Employer	Starting Pay	Final Pay	
Telephone	per _____	per _____	
Address	Supervisor		
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Job Title	From Date	To Date	Work Performed
Employer	Starting Pay	Final Pay	
Telephone	per _____	per _____	
Address	Supervisor		
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Job Title	From Date	To Date	Work Performed
Employer	Starting Pay	Final Pay	
Telephone	per _____	per _____	
Address	Supervisor		
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	