



City of
Casa Grande

Employment Application

City of Casa Grande - Administrative Services - 510 E. Florence Blvd. - Casa Grande, Arizona 85222
(520) 421-8600 - TDD (520) 421-2035 - FAX (520) 421-8602 - www.ci.casa-grande.az.us

The City of Casa Grande is an Equal Opportunity / Reasonable Accommodation Employer

The City of Casa Grande promotes a Drug and Alcohol-Free Workplace

DIRECTIONS:

Read the recruitment flyer before completing this application. Answer all questions completely, including any supplemental forms. Type or print neatly in black ink. Be sure to sign this application and all other forms. Any omission, misstatement, or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from the City service.

Position Applying For: _____

Name (Last, First, Middle Initial): _____

Social Security Number: _____

Mailing Address: _____

E-Mail Address: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Driver's License (Number, State, Class): _____

Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States? Yes No

Have you ever worked for the City of Casa Grande? Yes No If yes, from _____ to _____

To assist us with verifying prior work experience and/or education, please list other names you have gone by: _____

Are you claiming Civil Service Preference for Veteran's under ARS 38-492:

- As a qualified or disabled veteran? Yes No
- As a spouse of an eligible veteran pursuant to ARS 38-492(D)? Yes No

If you answer "Yes" to either of these questions, you must be prepared to submit Form DD214 or certification from the Veteran's Administration.

Are you related to any member of the Casa Grande City Council or any City employee? Yes No

•If "Yes", indicate his/her name, position and relationship to you:

DO NOT WRITE BELOW THIS LINE - TURN PAGE AND CONTINUE...

Recruitment # _____ Date Received: _____ Application Entered: _____

Proof of education and/or professional registration(s), license(s) and certification(s) may be required prior to hire.

Do you have a high school diploma or G.E.D.? Yes No If not, highest grade completed: _____

Education from an accredited college/university:

College	Major	Type of Degree	Degree Completed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Trade and/or technical schools:

Trade/Technical School	Subject Studied	Type of Degree	Degree Completed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Professional Registration(s), License(s), and/or Certification(s) you possess that relate to this position:

Type of Professional Registration, License and/or Certification	License Number	Date Received	Expiration Date

Special training that relates to this position:

List any equipment and/or computer software with which you are proficient in operating that relate to this position:

Language Proficiency (other than English):

Language	Speak	Read	Write
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

May we contact your current employer if you are considered for hire? Yes No

You may make copies and use as many of these sheets as necessary to continue your employment history.

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated solely on the application form and, if applicable, any supplemental questionnaire(s).

RESUMES MAY NOT BE SUBSTITUTED FOR THE REQUESTED INFORMATION

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed:
Hours Per Week:	Present/Ending Wage: \$ per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed:
Hours Per Week:	Present/Ending Wage: \$ per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed:
Hours Per Week:	Present/Ending Wage: \$ per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Present/Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

Have you ever been convicted of a **misdemeanor or felony** (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (including military trial convictions)?

NOTE: Reckless operation, hit-and-run, D.U.I., excessive speeding, and similar charges are NOT considered minor traffic offenses. Moreover, an excessive number of traffic violations (including minor/civil offenses) should be reported.

Yes No If yes, provide charges, dates and locations:

Convictions will not automatically bar an applicant from employment for City jobs. The relationship of the conviction to the job, as well as its severity, the passage of time, and subsequent job performance will all be considered.

PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW ALL OF YOUR APPLICATION MATERIAL.

I certify that all statements made on this application form and, if applicable, any supplemental questionnaire(s) are true and complete. I understand that any omission, misstatement, or falsification may be cause for rejection of this application, removal of my name from an eligibility list(s), and/or discharge from the City service. In addition, I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

By checking this box and affixing your signature below, you certify that you have read and understand the above paragraph.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

PLEASE NOTE: Arizona law prohibits smoking in public buildings