



Town Hall Offices
22 W. 2nd St.
(928) 333-4128
(928) 333-5140 (fax)

Town of Eagar
PO Box 1300 Eagar AZ 85925

Public Works Yard
1162 S. Water Canyon Rd.
(928) 333-4223
(928) 333-5488 (fax)

APPLICATION FOR EMPLOYMENT

PLEASE **PRINT** CLEARLY

Name of Applicant Phone Number Date

Mailing Address City State Zip

Position applying for: _____ Temporary _____ Part Time _____ Full Time _____

Who referred you? _____ Rate of pay expected? _____

Have you worked for the Town of Eagar before? _____ Dates: From _____ To _____
Month / Year Month / Year

Where? _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Names of Relatives working here _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade level completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school; attended _____
Name Address

GENERAL

Have you ever been convicted of a felony? _____ If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that **driver applicants** show all employment for the past three years. Effective July, 1987 they must show commercial driver employment for the seven years immediately preceding this year period. 8391.21 (B) (10), (11)

Start with **last or current** position, including military experience.

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for leaving _____

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for leaving _____

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for leaving _____

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for leaving _____

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for leaving _____

EMPLOYMENT RECORD, CONTINUED

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for leaving _____

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for leaving _____

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for leaving _____

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for leaving _____

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for leaving _____

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for leaving _____

DRIVER EXPERIENCE AND QUALIFICATION

Answer the questions in this section only if applying for a driver position.

Date of Birth: _____ Social Security Number _____ - _____ - _____
(Month/Day/Year)

Note: The U. S. Department of Transportation requires that driver applicants state their date of birth (δ 391.21(b) (2))

Licenses:

Drivers Licenses held in past 3 years MUST be shown	State	License No.	Class	Endorsement(s)	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes_____ No_____

B. Has any license, permit or privilege ever been suspended or revoked? Yes_____ No_____

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes_____ No_____

If you answered yes to A, B, or C, please attach a statement giving details.

Driving Experience:

Class of equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers – LVC’s				
Other				

List states operated in during last 5 years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

Accident Review for past 3years (Attach separate sheet of paper if more space is needed):

Dates	Nature of accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other than parking violations:

Location	Date	Charge	Penalty

WORK RELATED EXPERIENCE AND QUALIFICATIONS

Water / Wastewater:

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience
Trench Experience		
Shovel Experience		
Fixing or repairing broken lines under pressure		

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience
Pressure Testing Lines		
Fittings Experience		
Manhole Installation		
Sewer Jet or Cleaning		

Roads:

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience
Patching		
Culvert Installation		
Blading / Maintaining Roads		
Chipsealing		

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience
Asphalt		
Other (Specify)		
Other (Specify)		
Other (Specify)		

Facilities:

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience
Carpentry		
Plumbing		
Electrical		
Dry Wall		

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience
Concrete (finishing, forming, etc.)		
Other (Specify)		
Other (Specify)		

Heavy Equipment:

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience
Backhoe		
Front End Loader		
Skiploader / Gannon		
Blade / Grader		
Dozer		
Excavator		
Forklift		
Steel Wheel Roller		
Pneumatic Roller		

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience
Street Sweeper		
Chip Box		
Air Compressor		
Cement Mixer		
Boom / Bucket Truck		
Platform		
Other (Specify)		
Other (Specify)		
Other (Specify)		

Fleet Maintenance Experience:

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience
Drive Line Components		
Diesel Engine Tune-Up and Rebuild		
Gas Engine Tune –Up and Rebuild		
Tire Service		
Trailer Repair		
Air Conditioning		

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience
Body Work		
Electrical Repair		
Frame and Wheel Alignment		
Brakes		
Cooling System		
Inspections		
General Car /repair		

WORK RELATED EXPERIENCE AND QUALIFICATIONS, CONTINUED

Shop Equipment:

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equip.		
Sheet Metal Equipment		
Frame & Axle Straightening Equipment		
Engine Rebuilding		
Diesel Injection Equipment		
Oxyacetylene Welder		
Paint Spray Gun		
Air conditioning		
Inspections		

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience
Time Servicing Machine		
Wheel & Tire Balancing Mach		
Tire Recapping Mold		
Engine Dynamometer		
Chassis Dynamometer		
Magnetic Crack Defector		
Engine Analyzer		
Noise Measuring Equipment		
Smoke Measuring Equipment		
General Car Repair		

List courses and training in fleet maintenance work _____

APPLICANT MUST READ AND SIGN

I CERTIFY THAT I HAVE READ AND UNDERSTAND ALL OF THIS EMPLOYMENT APPLICATION. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with the Town of Eagar, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the Town of Eagar and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigate Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand the misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the Town of Eagar.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best on my knowledge.

Signature of Applicant

Date