

VILLAGE OF OAKCREEK ASSOCIATION
690 BELL ROCK BLVD. – SEDONA, AZ 86351
(an equal opportunity employer)
APPLICATION FOR EMPLOYMENT

DATE: _____ **SOCIAL SECURITY NUMBER:** _____

NAME: _____
Last First Middle

PRESENT ADDRESS: _____
Street City State Zip

PERMANENT ADDRESS: _____
Street City State Zip

HOW LONG AT THIS ADDRESS: _____ **PHONE NUMBER:** _____

DATE OF BIRTH: _____
(as required by The Arizona Department of Economic Security)

HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME? _____ **IF SO WHAT?**

RELATED TO ANYONE HERE or REFERRED BY SOMEONE? State name and department:

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____

Are you currently employed? _____ May we contact your present employer? _____

Ever applied at VOCA before? _____ When? _____

Do you have any need for reasonable accommodations that may be necessary to perform the job functions for which you are applying? _____ If so, please state: _____

EDUCATION

Name/location of school Years attended Date graduated Subjects studied

High School _____

College/University _____

Trade/Business/Correspondence School _____

LIST ANY PRIOR CRIMINAL CONVICTIONS _____

FORMER EMPLOYERS: List your last three employers, starting with the latest:

Date Month/Year	Name/Address of Employer	Salary	Position	Reason for Leaving
1. From _____ To _____	_____	_____	_____	_____
2. From _____ To _____	_____	_____	_____	_____
3. From _____ To _____	_____	_____	_____	_____

REFERENCES: Give the names of three persons, not related to you, known for at least one year:

Name	Address/Phone #	Business	Years acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

IN CASE OF EMERGENCY NOTIFY:

Name	Address	Phone No.
I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is just cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.		

DATE _____ **SIGNATURE** _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ **Date** _____

REMARKS: _____

Hired: _____ **Department:** _____ **Position:** _____

Will Report: _____ **Salary Wages** _____

Approved: _____
Employment Manager **Dept. Head** **General Manager**

DRUG TEST PERFORMED (date): _____ **PASSED (yes/no)** _____