



Foothills Recreation and Aquatics Center

TEMPORARY EMPLOYMENT APPLICATION

THE CITY OF GLENDALE IS AN EQUAL OPPORTUNITY / REASONABLE ACCOMMODATION EMPLOYER
24 hr. Job Information Line (623) 930-3699 • www.glendaleaz.com

INSTRUCTIONS: Answer all questions completely. Type or print all answers. Sign this application and all other forms. Any omission, misstatement, or falsification may be cause for rejection of this application or discharge from City Service.

GENERAL INFORMATION

Name:			
Address:	City:	State:	Zip Code:
Phone:	Message Phone:	E-mail Address:	

Are you currently a regular City of Glendale employee? Yes: No: Employee Number: _____

Have you ever worked for the City of Glendale? Yes: No: Employment Dates (mo/yr): _____

Are any of your relatives* (marriage also), employed by the City of Glendale? Yes: No:

*If yes, please list name, relationship, and City department:

Name: _____ Relationship: _____ Department: _____

When are you available to work (check all that apply)? <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Rotating <input type="checkbox"/> Overnight	Do you have a legal right to work in the U.S.? Yes: <input type="checkbox"/> No: <input type="checkbox"/> All new hires are required to submit verification of the legal right to work in the United States within three (3) business days beginning with their first day of work. In accordance with the Immigration Reform Control Act of 1986, we are legally prohibited from employing anyone who cannot provide such verification.
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EDUCATION TRAINING, AND SKILLS

Proof of Education and/or Professional Registration(s), License(s), and Certification(s) may be required prior to hire.

Driver's License Information:

Do you have a valid Driver's License?	Driver's License Number:	State:	CDL?	Classification:
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any CDL endorsements:

Do you have a High School Diploma or a G.E.D.? Yes No If no, indicate highest grade completed:

Education from an Accredited College/University:

College/University:	Major/Degree:	Degree Completed:	If no degree, list number of credit hours:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional Registrations, Licenses, and/or Certifications that relate to this position:

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

List any specialized training that relates to this position:

List equipment and/or computer software applications 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

EMPLOYMENT HISTORY

Begin with your present or most recent employer. List all jobs, paid or volunteer, over the last ten years. Include any experience prior to ten years ago that relates to the position. Your qualifications will be evaluated on the information provided on this application form and, if applicable, any supplemental questionnaire(s).

PLEASE NOTE: RESUMES MAY NOT BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

Position Title: _____ Employment Dates (mo/yr) From: _____ To: _____

Employer: _____ Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

Direct Supervisor: _____

Annual Salary: _____ Hours Per Week: _____ Number of Employees Supervised: _____

Primary Job Duties:

May we contact your present or most current employer? Yes No

Total Time Worked: Years: _____ Months: _____ Reason for wanting to leave: _____

Position Title: _____ Employment Dates (mo/yr) From: _____ To: _____

Employer: _____ Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

Direct Supervisor: _____

Annual Salary: _____ Hours Per Week: _____ Number of Employees Supervised: _____

Primary Job Duties:

Total Time Worked: Years: _____ Months: _____ Reason for leaving: _____

Have you ever been terminated, discharged, or forced to resign from any position?

Yes No If Yes, please name the employer, explain the circumstances, and when (mo/yr):

ALL QUESTIONS MUST BE ANSWERED TRUTHFULLY AND COMPLETELY

The City of Glendale conducts an extensive background investigation of criminal history. A criminal conviction does not constitute an automatic bar to employment. Each case is considered individually and based on job requirements. However, failure to answer truthfully will result in disqualification for employment with the City of Glendale. **If you fail to list all required convictions, your application will not receive further consideration and you will not be considered for employment for a minimum of six months.**

“Crime” as used in this section means any and all felonies, misdemeanors, and serious driving offenses. “Crime” does not include minor civil traffic offenses. If you are unsure how to answer this question, please ask for clarification.

“Convicted” means that you have been found guilty by a court or jury, pleaded guilty or no contest to a crime and/or have been sentenced for a crime, whether incarcerated, placed on probation, fined, or received suspended sentence.

Have you ever been convicted of a crime, regardless of whether the conviction was later set aside or expunged, in any domestic, foreign or military court? Yes No

If you answered yes to this question, please give details including the offense(s) for which you were convicted, date of conviction, and jurisdiction (court, city, county and state). If an offense has been set aside or expunged, please give date of action. _____

Are you pending charges, trial or other court proceedings for any crime, in any jurisdiction, at this time? Yes No

If you answered yes to this question, please give details including the offense(s) for which you are currently pending charges and jurisdiction (court, city, county and state). _____

PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION BEFORE SIGNING BELOW.

By signing this application, I certify that all statements made on this form are true and complete to the best of my knowledge. I understand that any omission, misstatement, or falsification may be cause for rejection of this application and/or discharge from city service. I also authorize the City of Glendale’s Human Resources Department or its Designee to make all necessary and appropriate investigations allowable by law to verify the information concerning my employment. It is my responsibility to keep the Human Resources Department advised about any changes of address and/or phone number.

I understand that I will be fingerprinted and employment with the City of Glendale is contingent upon successful completion of the background check.

Applicant’s Printed Name: _____

Applicant’s Signature: _____ Date: _____

EMPLOYMENT POLICY

Applicants are considered solely on the basis of their qualifications as required for the position they seek, and no discrimination is exercised because of their political or religious opinions or affiliations, or because of their race, creed, color, sex, national origin, age, physical/mental handicap or veteran status.

The City of Glendale is an Equal Opportunity Employer

Submit completed applications to: 5600 W. Union Hills Drive, Glendale, AZ 85308 or Fax to 623-780-4866