

City of Peoria

PART TIME EMPLOYMENT APPLICATION (AN EQUAL OPPORTUNITY EMPLOYER)

Professional
Ethical
Open
Responsive
Innovative
Accountable



Location & mailing info: Peoria Sports Complex
16101 N 83rd Avenue
Peoria, AZ 85382
Phone: (623) 773-8700
Fax: (623) 773-8716
www.peoriaaz.gov/sportscomplex

All requested information must be furnished. The information you provide will determine whether you are eligible for the position or further examination process. All information contained on the application is subject to verification. Any omission, misstatement or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from City service. All positions are part time and seasonal.

GENERAL INFORMATION (Please type or print legibly with ink)

Position applying for: _____

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City/State) (ZIP)

Phone: _____
(Home) (Work) (Cell Phone)

email: _____ Fax: _____

Are any of your relatives (to include by marriage) employed by the City of Peoria? Yes No
If so, what Department/Division? _____

Have you ever been convicted of any violations of federal, state, local, or military law or statute?

Yes No If yes, explain in the space provided. _____

NOTE: CONVICTION IS NOT NECESSARILY A BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED INDIVIDUALLY, BASED UPON JOB REQUIREMENTS.

What work status will you accept? (Please check all that apply)

Days
 Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday
 Mornings (6am) Afternoons Nights

If appointed, when could you start work?

Where did you learn about this job?

1. Newspaper
2. Peoria Website
3. Radio/TV
4. Job Hotline
5. Walk-in
6. City Employee
7. College Job Posting
8. Other _____

Do you have a legal right to work in the U.S.? Yes No If yes, you will need to show proof of work eligibility to be employed.

Have you ever been terminated or forced to resign due to misconduct or unsatisfactory service? Yes No

If yes, please explain the circumstances: _____

EDUCATION, TRAINING AND SKILLS: Please circle highest grade completed

Grade School
1 2 3 4 5 6 7 8

High School
1 2 3 4 GED

College
1 2 3 4 5 6

Highest School/Colleges/University	City/State	Major Coursework	Sem. Hours	Degrees Completed

Professional Certifications, Licenses or Memberships: _____

List any specialized training you may have received that relates to this position (include number of hours and course content):

List any equipment that you are able to operate that relates to this position: _____

Language Proficiency (other than English)

Language	Speak	/	Read	/	Write
_____	_____	/	_____	/	_____
_____	_____	/	_____	/	_____
_____	_____	/	_____	/	_____

Child Care Positions Only

- Are you 16 or Over? Yes No
- Are you 18 or Over? Yes No
- Are you 21 or Over? Yes No
- Current CPR Training? Yes No
- Current First Aid Training? Yes No

EXPERIENCE

Begin with your present or most recent position. List all jobs held, paid or volunteer, over the last ten years. Your qualifications will be evaluated on the basis of the information provided on this application. You may attach a separate sheet if additional space is needed, or to include applicable experience pertaining to the position(s) applying for. **Resumes may not be substituted for the requested information.**

	List All Positions Held	Hourly Salary	Dates Mo/Yr – Mo/Yr	Hours Per Week
Employer				
Address				
Supervisor				
Phone Number				

of employees you supervised: _____
 May we contact your employer? _____ Primary job duties: _____

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

	List all Positions Held	Hourly Salary	Dates Mo/Yr – Mo/Yr	Hours Per Week
Employer				
Address				
Supervisor				
Phone Number				
# of employees you supervised: _____ May we contact your employer? _____ Primary job duties: _____ _____ _____ _____				
Reason for leaving: _____ Total Time Worked: _____ Years _____ Months				

	List all Positions Held	Hourly Salary	Dates Mo/Yr – Mo/Yr	Hours Per Week
Employer				
Address				
Supervisor				
Phone Number				
# of employees you supervised: _____ May we contact your employer? _____ Primary job duties: _____ _____ _____ _____				
Reason for leaving: _____ Total Time Worked: _____ Years _____ Months				

	List all Positions Held	Hourly Salary	Dates Mo/Yr – Mo/Yr	Hours Per Week
Employer				
Address				
Supervisor				
Phone Number				
# of employees you supervised: _____ May we contact your employer? _____ Primary job duties: _____ _____ _____ _____				
Reason for leaving: _____ Total Time Worked: _____ Years _____ Months				

READ THIS APPLICATION AND VERIFY YOUR ANSWERS BEFORE SIGNING BELOW

By signing this application, I certify all information on this form is true to the best of my knowledge, and any omissions or misstatements of facts may be cause for rejection of this application or discharge from City service.

I also authorize the City of Peoria Recreation Division to make all necessary and appropriate investigations allowable by law to verify the information provided and for any past employer to release all factual information concerning my employment that is allowable by law. It is my responsibility to keep the Recreation Department advised of changes of address or phone number.

DATE: _____ SIGNATURE: _____

Applicant Name _____

REFERENCES

Supply all requested information for six references, (employers or personal, no relatives) who can tell us about your knowledge, skill and job performance relative to this position. Please notify all references that the City of Peoria will contact them. Their responses are requested within 10 days of contact in order for you to be eligible for hire.

Former Employers

Name:	Relationship to Applicant:	Length of time acquainted:
Place of Employment:	Phone:	Email Address:
Address:	City and State:	Zip:

Name:	Relationship to Applicant:	Length of time acquainted:
Place of Employment:	Phone:	Email Address:
Address:	City and State:	Zip:

Name:	Relationship to Applicant:	Length of time acquainted:
Place of Employment:	Phone:	Email Address:
Address:	City and State:	Zip:

Personal References

Name:	Relationship to Applicant:	Length of time acquainted:
Place of Employment:	Phone:	Email Address:
Address:	City and State:	Zip:

Name:	Relationship to Applicant:	Length of time acquainted:
Place of Employment:	Phone:	Email Address:
Address:	City and State:	Zip:

Name:	Relationship to Applicant:	Length of time acquainted:
Place of Employment:	Phone:	Email Address:
Address:	City and State:	Zip: