

## To: CANDIDATES

Thank you for considering employment with NAIPTA. Since you are applying for a position that may involve transportation of the general public, the application process you will undergo is comprehensive due in part to federal regulations.

Please be aware that NAIPTA does require background checks for all positions. Further you may be required to submit and receive First Class Fingerprint Clearance. Failure to successfully receive clearance with either within 90 days of first day of employment may affect your eligibility to continue being employed.

Please complete the employment history on the attached application with enough detail to specifically and completely answer all questions. Federal Motor carrier Safety Regulations require that all applicants for positions involving the operation of a commercial motor vehicle provide employment history information for **ten years preceding the date of the application**. This information must include:

- The names and addresses of your previous employers for which you were an operator of a commercial motor vehicle;
- The dates you were employed by these employers;
- The reason you left each of these employers.

The information, which you provide, may be used for the purpose of investigating your work history. The prior employers, which you have listed, may be contacted for this purpose also. You must certify that the information you provide is true and complete.

If you are applying for a position which requires driving as a primary function of the job, **you must submit a certified 5 Year Motor Vehicle Record with your application**, in accordance with federal law. The Certified Record must be returned with your application in order for your application to be considered complete. After being hired, all employees are required to submit a Certified Record annually.

As some positions require participation in a Drug and Alcohol screening program in accordance with 49 CFR Part 655, as amended, under the authority of the Federal Transit Administration, the signed Pre-Employment Drug Testing Notification and Acknowledgement statement must be returned with your application.

Failure to submit any of the above information or required documents will result in the application being considered incomplete and disqualification.

Thank you very much for your interest in a NAIPTA job. If there is anything we can do to make the application process easier for you please don't hesitate to ask us for assistance.

The NAIPTA Internal Services

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**NORTHERN ARIZONA INTERGOVERNMENTAL PUBLIC TRANSPORTATION  
AUTHORITY (NAIPTA)**

**NAIPTA EMPLOYMENT APPLICATION**

**NAIPTA INTERNAL SERVICES DEPARTMENT**

3773 N Kaspar Dr.

Flagstaff, AZ 86004

Phone: (928) 679-8900 Fax: (928) 779-6868

Completing and submitting this application form to the NAIPTA Internal Services Department is the first step in a successful hire. This application may be the very first impression we have of you, your skills and abilities. Print or type legibly! Applications must be received by 5:00 p.m. on the closing date of the position to be considered. It is necessary to complete one application form for each position for which you want to be considered. Copies of the application will be accepted; however, each application must have an original signature and specify the applicable job. Additional pages of employment history, which include the same information specified in the Employment History Section, may be submitted. *You may attach a resume to enhance your qualifications contained herein.* To be notified regarding the status of your application, please complete the Job Status Notification Card on the Affirmative Action Form.

Do you need an accommodation in the application process due to a disability?  yes  no

If yes, please describe the desired accommodation:

**POSITION APPLYING FOR:**

**POSITION IS:**  FULL-TIME  PART-TIME  TEMPORARY

**PERSONAL INFORMATION**

**FULL NAME:**

**MAILING ADDRESS – Street No.:**

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
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<b>HOME PHONE:</b> ( ) -	<b>BUSINESS PHONE:</b> ( ) -	<b>MESSAGE PHONE:</b> ( ) -
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Have you previously worked for NAIPTA?  yes  no

If yes, give name if different from above:

**Dates of Employment:**

<b>From:</b>	<b>To:</b>
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Have you been convicted of a felony? (Do not list minor traffic violations)  yes  no. If yes, give date(s) and type of felony:  
(A yes answer will not necessarily preclude employment by NAIPTA)

<b>Date:</b>	<b>Type:</b>
<b>Date:</b>	<b>Type:</b>

In the last two years, have you been refused employment in a safety sensitive function of a DOT employer based on pre-employment drug or alcohol test that you either tested as positive or refused to test?  yes  no

If the position you are applying for requires a driver's license, do you have a valid driver's license?  yes  no

<b>If yes, what is the License No.:</b>	<b>State of Issue:</b>	<b>Class</b>	<b>Expiration date:</b>
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Can you, with or without reasonable accommodation, perform the essential functions of the job for which you have applied:

yes  no

## HISTORY OF EDUCATION

Check highest grade completed: 8 9 10 11 12 Did you receive a High School Diploma or GED?  Yes  No

Name and location (City and State) of last high school attended	School:	City:	State:
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You may be asked to provide transcripts of all college level course work.

NAME AND LOCATION (city and state) OF COLLEGE OR UNIVERSITY	MAJOR SUBJECT OR COURSE	NO. OF CREDIT HOURS IN MAJOR	MINOR SUBJECT OR COURSE	NO. OF CREDIT HOURS IN MINOR	TITLE OF DEGREE OR CERTIFICATE EARNED
Name:					
City:		State:			
Name:					
City:		State:			
Name:					
City:		State:			
<b>BUSINESS, VOCATIONAL OR TECHNICAL SCHOOL</b>					
Name:					
City:		State:			

## OFFICE SKILLS INFORMATION

Specify <u>office equipment</u> you can operate and years of experience:	Typing (WPM):
	Word Processing (WPM):
	Dictation (what method used) WPM:

Specify Computer Equipment you can operate and years of experience.

Specify Computer Software you can use and years of experience.

Specify other equipment or tools you can operate and years of experience.

## OTHER IMPORTANT INFORMATION

Languages: (Fluency)	<b>SPEAK</b>	<b>READ</b>	<b>WRITE</b>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navajo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hopi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			

List any other training, licenses, certifications, or experience either volunteer or paid which you feel relates to the position for which you are applying. Include dates, # hours per week, company/organization name, job title, duties, etc.

## EMPLOYMENT HISTORY

**Indicate your experience in each position beginning with your present, or most recent position. If more than one position has been held with the same employer, list each separately. Even if you submit a resume you must still complete this section IN FULL. FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION WILL RESULT IN YOUR APPLICATION BEING DISQUALIFIED. (please add additional sheets if necessary) The amount of experience and the way you describe it, as it pertains to the position you are seeking, will determine whether or not you receive further consideration. It is important to remember that your qualifications will be evaluated on this completed application.**

<b>NAME OF EMPLOYER:</b>			<b>PHONE NUMBER:</b> (    )    -	
<b>ADDRESS</b> <b>STREET NO.:</b>				
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP CODE:</b>	
<b>JOB TITLE:</b>	<b>HRS PER WEEK:</b>	<b>DESCRIPTION OF DUTIES:</b>		
<b>FROM:</b>	<b>TO:</b>			
<b>TOTAL MONTHS:</b>	<b>ENDING SALARY:</b>			
<b>NAME &amp; TITLE OF SUPERVISOR:</b>				
<b>REASON FOR LEAVING:</b>				
<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>IF YES, PLEASE PROVIDE PHONE NUMBER:</b> (    )    -				

<b>NAME OF EMPLOYER:</b>			<b>PHONE NUMBER:</b> (    )    -	
<b>ADDRESS</b> <b>STREET NO.:</b>				
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP CODE:</b>	
<b>JOB TITLE:</b>	<b>HRS PER WEEK:</b>	<b>DESCRIPTION OF DUTIES:</b>		
<b>FROM:</b>	<b>TO:</b>			
<b>TOTAL MONTHS:</b>	<b>ENDING SALARY:</b>			
<b>NAME &amp; TITLE OF SUPERVISOR:</b>				
<b>REASON FOR LEAVING:</b>				
<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>IF YES, PLEASE PROVIDE PHONE NUMBER:</b> (    )    -				

**EMPLOYMENT HISTORY CONTINUED**

Indicate your experience in each position beginning with your present, or most recent position. If more than one position has been held with the same employer, list each separately. Even if you submit a resume you must still complete this section **IN FULL**. **FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION WILL RESULT IN YOUR APPLICATION BEING DISQUALIFIED.** (please add additional sheets if necessary) The amount of experience and the way you describe it, as it pertains to the position you are seeking, will determine whether or not you receive further consideration. It is important to remember that your qualifications will be evaluated on this completed application.

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<b>FROM:</b>	<b>TO:</b>			
<b>TOTAL MONTHS:</b>	<b>ENDING SALARY:</b>			
<b>NAME &amp; TITLE OF SUPERVISOR:</b>				
<b>REASON FOR LEAVING:</b>				
<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>IF YES, PLEASE PROVIDE PHONE NUMBER:</b> ( ) -				

<b>NAME OF EMPLOYER:</b>			<b>PHONE NUMBER:</b> ( ) -	
<b>ADDRESS</b> <b>STREET NO.:</b>				
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP CODE:</b>	
<b>JOB TITLE:</b>	<b>HRS PER WEEK:</b>	<b>DESCRIPTION OF DUTIES:</b>		
<b>FROM:</b>	<b>TO:</b>			
<b>TOTAL MONTHS:</b>	<b>ENDING SALARY:</b>			
<b>NAME &amp; TITLE OF SUPERVISOR:</b>				
<b>REASON FOR LEAVING:</b>				
<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>IF YES, PLEASE PROVIDE PHONE NUMBER:</b> ( ) -				

**EMPLOYMENT HISTORY CONTINUED**

Indicate your experience in each position beginning with your present, or most recent position. If more than one position has been held with the same employer, list each separately. Even if you submit a resume you must still complete this section **IN FULL**. **FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION WILL RESULT IN YOUR APPLICATION BEING DISQUALIFIED.** (please add additional sheets if necessary) The amount of experience and the way you describe it, as it pertains to the position you are seeking, will determine whether or not you receive further consideration. It is important to remember that your qualifications will be evaluated on this completed application.

<b>NAME OF EMPLOYER:</b>			<b>PHONE NUMBER:</b> ( ) -	
<b>ADDRESS</b> <b>STREET NO.:</b>				
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP CODE:</b>	
<b>JOB TITLE:</b>	<b>HRS PER WEEK:</b>	<b>DESCRIPTION OF DUTIES:</b>		
<b>FROM:</b>	<b>TO:</b>			
<b>TOTAL MONTHS:</b>	<b>ENDING SALARY:</b>			
<b>NAME &amp; TITLE OF SUPERVISOR:</b>				
<b>REASON FOR LEAVING:</b>				
<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>IF YES, PLEASE PROVIDE PHONE NUMBER:</b> ( ) -				

**CONDITIONS OF EMPLOYMENT**

**PLEASE READ CAREFULLY BEFORE SIGNING**

Pursuant to A.R.S. 39-121, your application and resume may be considered public records and, as such, may be made available to any person, including the news media. In submitting this application, I understand that false statements will disqualify me for employment or cause my subsequent dismissal and that if I am employed, I will be bonded as an employee of NAIPTA. I also understand that, if accepted for employment, I shall be required to sign a loyalty oath in addition to providing proof of identity and eligibility to work in the United States in compliance with the Immigration Reform & Control Act of 1986, as a condition of receiving any compensation from NAIPTA. In connection with this application, I authorize all corporations, companies, consumer reporting agencies, credit agencies, educational institutions, persons, law enforcement agencies, military services, motor vehicle departments, and former employers to release any information that they may have about me to NAIPTA or its agents, and I release them from any liability for doing so. If I accept employment as a non-exempt employee, I agree to work overtime when requested to do so and I understand and agree that overtime may be compensated either by monies or compensatory time off. I further understand that my employment is probationary for a period of one year, and that successful completion of probation does not guarantee permanent employment. I understand and agree that my signature on this document does not constitute a contract of employment. I certify that I am not related to a member of the Board of Directors.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

NAIPTA USE ONLY: Civil Service Preference \_\_\_\_\_

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# NAIPTA

## Pre-Employment Drug Testing Notification and Acknowledgement

I hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that any offer of employment is contingent on the passing of the aforementioned drug test and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result having no evidence of prohibited drug use. Participation in the federal drug and alcohol testing program is a condition of employment.

I also certify that I have not had a positive result on a pre-employment drug test in the past 2 years.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Witness:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

*(Your application will not be considered for employment for a covered safety-sensitive position unless this acknowledgement is completed and signed.)*

# NAIPTA

## Release for Department of Transportation Regulated Drug and Alcohol Testing Records

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name : \_\_\_\_\_  
Employee SS or ID Number : \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25.

I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items: 1. Alcohol tests with a result of 0.04 or higher; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Information obtained from previous employers of a drug and alcohol rule violation; 6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **A.** New Employer Name: NAIPTA Address: 3773 N Kaspar  
Flagstaff, AZ 86004

Phone #: (928)679-8929 Fax #: (928)779-6868 Designated NAIPTA Representative: Cindy Miller, Safety Officer

**I - B.** Previous Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A.** In the two years prior to the date of the employee’s signature (in Section I), for DOT-regulated testing

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** \_\_\_\_ **NO** \_\_\_\_
- 2. Did the employee have verified positive drug tests? **YES** \_\_\_\_ **NO** \_\_\_\_
- 3. Did the employee refuse to be tested? **YES** \_\_\_\_ **NO** \_\_\_\_
- 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** \_\_\_\_ **NO** \_\_\_\_
- 5. Did a previous employer report a drug and alcohol rule violation to you? **YES** \_\_\_\_ **NO** \_\_\_\_
- 6. If you answered “yes” to any of the above items, did the employee complete the return-to-duty process? **N/A** \_\_\_\_ **YES** \_\_\_\_ **NO** \_\_\_\_

*NOTE: If you answered “yes” to item 5, you must provide the previous employer’s report. If you answered “yes” to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**II-B.** Name of person providing information in *Section II-A*: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

1<sup>st</sup> attempt - DATE sent: \_\_\_\_\_ WHO sent: \_\_\_\_\_  
MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

**CONSUMER REPORT AND INVESTIGATIVE  
CONSUMER REPORT DISCLOSURE**

Northern Arizona Intergovernmental Public Transportation Authority (NAIPTA), when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may wish to obtain and use a “consumer report” and/or “investigative consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act (“FCRA”), which applies to you. As an applicant for employment or employee of NAIPTA, you are a “consumer” with rights under the FCRA.

A “consumer reporting agency” is a person or business that, for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing “consumer reports” to others, such as NAIPTA.

A “consumer report” is any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes.

An “investigative consumer report” is a consumer report or portion thereof in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information. The Fair Credit Reporting Act provides you with the right to request, in writing within a reasonable amount of time, a disclosure of the nature and scope of the investigation requested. You are also entitled to a written summary of your rights under the Fair Credit Reporting Act as prepared by the Federal Trade Commission.

If NAIPTA obtains a “consumer report” or “investigative consumer report” about you, and if NAIPTA considers any information in the “consumer report” or “investigative consumer report” when making an employment related decision that directly and adversely affects you, you will be provided with a copy of the “consumer report” before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA as a “consumer” with regard to “consumer reports,” “investigative consumer reports” and “consumer reporting agencies.”

**CONSUMER REPORT AND INVESTIGATIVE  
CONSUMER REPORT DISCLOSURE (continued)**

**Authorization:**

By signing below, I \_\_\_\_\_, hereby voluntarily authorize NAIPTA to obtain “consumer reports” and “investigative consumer reports” about me from a “consumer reporting agency” and to consider these reports when making decisions regarding my employment at NAIPTA. I understand that I have rights under the FCRA, including the rights discussed in the disclosure statement provided above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION**

Northern Arizona Intergovernmental Public Transportation Authority (NAIPTA) may wish to obtain and use a “consumer report” from a “consumer reporting agency” when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, These terms are defined in the Fair Credit Reporting Act (“FCRA”), which applies to you. As an applicant for employment or employee of NAIPTA, you are a “consumer” with rights under the FCRA.

A “consumer reporting agency” is a person or business that, for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing “consumer reports” to others, such as NAIPTA.

A “consumer report” is any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes.

If NAIPTA obtains a “consumer report” about you, and if NAIPTA considers any information in the “consumer report” when making an employment related decision that directly and adversely affects you, you will be provided with a copy of the “consumer report” before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA as a “consumer” with regard to “consumer reports” and “consumer reporting agencies.”

**Authorization:**

By signing below, I \_\_\_\_\_, hereby voluntarily authorize NAIPTA to obtain “consumer reports” about me from a “consumer reporting agency” and to consider the “consumer reports” when making decisions regarding my employment at NAIPTA. I understand that I have rights under the FCRA, including the rights discussed in the disclosure statement provided above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# NORTHERN ARIZONA INTERGOVERNMENTAL PUBLIC TRANSPORTATION AUTHORITY

## AFFIRMATIVE ACTION INFORMATION

In order to study our recruitment methods for fairness and effectiveness and to comply with Federal guidelines, we respectfully request that you respond to the following questions. The information will be kept confidential and will be used only for those purposes. Completion of the form is voluntary. Refusal to provide this information will not subject you to any adverse treatment.

**Position Applied For:** \_\_\_\_\_

Name: \_\_\_\_\_

Age:  Under 18  19-40  41+ older

Sex:  Female  Male

**Race/Ethnic Group** (Check the appropriate answer)

- White  Hispanic  Asian  
 Black  Native American Indian  Other (Please Specify \_\_\_\_\_)

**Where did you first learn about the job?** (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> NAIPTA Job Announcement | <input type="checkbox"/> Department of Economic Security (DES)      |
| <input type="checkbox"/> NAIPTA Employee         | <input type="checkbox"/> Newspaper (Please specify _____)           |
| <input type="checkbox"/> A Manpower Program      | <input type="checkbox"/> Job Fair (Please Specify _____)            |
| <input type="checkbox"/> NAIPTA Website          | <input type="checkbox"/> Other (Please Specify _____)               |
| <input type="checkbox"/> NationJob.com           | <input type="checkbox"/> Other Internet Site (Please Specify _____) |

NAIPTA has an affirmative Action Program providing civil service preference for the individuals listed below.

Please read the definitions and check any that apply to you.

- Veteran: An individual who is honorably discharged from the U.S. Armed Forces after at least 6 months of active duty.
- Veteran of the Vietnam Era: An individual who served on duty for a least 18 days during the Vietnam conflict and did not receive a dishonorable discharge.
- Disabled Individual: A person with a physical or mental impairment, which substantially limits one or more major life activities, or an individual with a record of such impairment.
- Special Disabled Veteran: A veteran with a 10% or higher disability rating whom the Department of Veteran Affairs has determined to have a serious employment handicap.

Spouse or surviving spouse of:

- 1) A veteran who died of a service-connected disability.
- 2) A member of the Armed Forces listed for at least 90 days as missing-in-action; captured by a hostile force, or forcibly detained by a foreign power;
- 3) A veteran with a total, permanent service-connected disability or who died while such a disability was in existence.

I understand that in order to be given preference, I must provide the Internal Services Department with a copy of documentation in support of the above claim before the closing date of the job. (This form itself is NOT considered documentation.

I submitted documentation of the above claim on \_\_\_\_\_ to the Internal Services Department.

Signature: \_\_\_\_\_

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**NAIPTA**  
**Internal Services Department**  
**3773 N Kaspar Dr.**  
**Flagstaff, AZ 86004**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Job Status Notification**

Position Applied For: \_\_\_\_\_

Thank you for your interest in employment opportunities at NAIPTA. We have received your application.

- We only accept applications and resumes for positions that are currently open.
- You were not selected for an interview for the position.
- The position you applied for has been cancelled.
- The position you applied for has been filled/closed.
- We forwarded your application to the department for their consideration.

We encourage you to remain informed about current job opportunities by reviewing the job postings in the NAIPTA Operations Center, at 3773 N Kaspar Dr., calling our offices at (928) 679-8900, or visiting us on the web at [www.naipta.az.gov](http://www.naipta.az.gov). Our positions are also advertised in the Sunday edition of the Arizona Daily Sun.

Thank you, again for your interest in employment at NAIPTA.