CITY OF EL MIRAGE



Human Resources Department 12145 NW Grand Avenue, El Mirage, AZ 85335 Website: www.cityofelmirage.org

HR USE ONLY	r
EMP PREF.	
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ELIGIBLE -	
NOT	
ELIGIBLE	
DATE	
INACTIVE	

623-876-2946 (Office); 623-876-4604 (Facsimile); 623-933-3258 (TDD)

EMPLOYMENT APPLICATION

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. Applications will be accepted only when positions are open.

GENERAL INFORMATION (Please type or print legibly with ink)						
POSITIO						
APPLYIN	NG FOR:					
Name	Last		First	М		
Address	Street		City/State	Zip		
Phone	Home		Cell	Work		
Email						
		POLICE POS	TIONS ONLY	7		
Are vou a l	U.S. citizen?			Are you 21 or over? Yes	No	
-)						
		f El Mirage employee? Ye				
				of El Mirage or serve in an appoin	ited or	
			es No			
If yes, please indicate name, position and relationship to you:						
Have you a	ever been conv	icted of a felony or during th	e past ten (10) y	ears have you ever been convicted	dofa	
				tion, hit- and-run, driving under the influence		
				tion does not automatically disqualify your	-,	
application from consideration. Be sure to include this information as failure to report convictions may result in						
disqualification from new or continued employment.						
Yes No If yes, give details, including charges, dates, and jurisdiction (court, city, county, and state).						
Have you ever been suspended, terminated or forced to resign due to misconduct or unsatisfactory service?						
Yes No If yes, please explain the circumstances:						
res no nyes, please explain the chedhistances.						
	WORK ST	ATUS (Check all that apply)	Do you have	e the legal right to work in th U.S.?)	
Regular		Temporary	∏Yes □	No If yes, you will need to show proof o		

WORK STATUS (CHUR C	in that apply)	Do you have the legal right to work in th 0.5.
<u>Regular</u>	Temporary	Yes No If yes, you will need to show proof of work eligibility to be employed.
Full-Time Part-Time	Full-Time	
Day Shift 8: $\overline{00}$ a.m. – 5:00 p.m. only	🔲 Part-Time	If position requires driving a City owned vehicle,
Evenings Nights Rotating		please indicate your drivers license type, state and
		license number:
If selected, date available for work:		
Salary Requirements:		

AN EQUAL OPPORTUNITY EMPLOYER

1

High School (Indicate name and location of high school attended)			Did you graduate? Yes No Successful completion of High School Equivalent? Yes No GED If no, identify highest grade completed:					
COLLEGE/UNIVERSITY/TRADE SCHOOL	CITY/STATE	DATE: ATTEND		DEGREE COMPLETED	# OF CREDITS	MAJOR	MINOR	
List Professional Certificates, Licens	es or Membershi	ips.						
,,,,		L						
List any specialized training you may	y have received t	hat relates to	this po	sition (include nu	mber of hour	s and cour	se	
content).								
List any equipment that you are able	to operate that re	elates to this	position	1.				
Language Proficiency (other than En	glish)		Special skills related to the position for which you are applying, i.e. computer skills (software used), typing					
				g, i.e. computer s e speed), etc.	kills (softwai	e used), ty	ping	
LANGUAGE SPE.	AK READ	WRITE						
Provide three (3) professional referen	nces that are fam	iliar with yo	ur work,	, other than direct	supervisors.	Include fu	ıll name,	
Provide three (3) professional referent address and phone number	nces that are fam	iliar with yo	ur work,	, other than direct	supervisors.	Include fu	ıll name,	
	nces that are fam	iliar with yo	ur work,	, other than direct	supervisors.	Include fu	ıll name,	
	nces that are fam	iliar with yo	ur work,	, other than direct	supervisors.	Include fu	ıll name,	
							ıll name,	

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EMPLOYMENT HISTORY

You may make copies and use as many of these sheets as necessary to continue your employment history. Begin with your present or most recent position. List all jobs, paid or volunteer over the past ten years . **Resumes may NOT** be substituted for the requested information. **DO NOT** write "See Resume" in the spaces below.

nployer Name: Position Title					
Address:	Starting Salary:	Ending Salary:			
City/State/Zip:	Dates Employed:				
	From:	To:			
Phone #:	Supervisor's Name/Position:				
May we contact your employer? Yes No	Total Time Worked:	Years	Months		
Duties & Responsibilities:					
Reason for Leaving:					
Employer Name:	Position Title				
Address:	Starting Salary:	Ending Salary:			
City/State/Zip:	Dates Employed:	T			
Phone #:	From: To:				
r none #.	Supervisor's Name/Position:				
May we contact your employer? Yes No	Total Time Worked:	Years	Months		
Duties & Responsibilities:					
Reason for Leaving:					
Reason for Leaving.					
Employer Name:	Position Title				
Address:	Starting Salary:	Ending Salary:			
City/State/Zip:	Dates Employed: From:	To:			
Phone #:	Supervisor's Name/Position:				
May we contact your employer? Yes No	Total Time Worked:	Years	Months		
Duties & Responsibilities:	-				
Reason for Leaving:					

CERTIFICATION AND AGREEMENT

By signing this application, I certify that the information on this form is true and complete to the best of my knowledge. Omissions or misstatements of facts may be cause for rejection of this application or dismissal from City service in the event of my employment. I authorize the City of El Mirage to make all necessary and appropriate investigations to verify the information concerning my employment. It is my responsibility to keep the Human Resources Department advised about any changes of address or phone number.

APPLICANT SIGNATURE

THE CITY OF EL MIRAGE EMPLOYMENT INFORMATION

EQUAL EMPLOYMENT OPPORTUNITY: All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, disability, veteran status or marital status. When advised reasonable accommodations will be made in order for an "otherwise qualified applicant" with a disability to participate in any phase of the recruitment process. Please contact Human Resources to request an accommodation.

HOW TO APPLY: Applications are accepted only for announced vacancies. Applications, and any required supplemental information, must be submitted on or before the closing date specified on the bulletin. Resumes may be submitted with the application, but are not accepted in lieu of a City application.

APPOINTMENT AND PROMOTION: Employment shall be based upon merit and ability and free of unlawful and political considerations. Promotional opportunities are limited to City employees who meet the necessary requirements.

EMPLOYMENT BACKGROUNDS: Employment background checks shall be conducted on all candidates hired to positions with the City. The employment background checks can include but not limited to criminal history, employment-education verification and/or fingerprint identification.

MEDICAL EXAMINATIONS: The C ity designated physician, through medical examinations, determines the fitness of individuals selected for employment for certain positions.

PROBATION: An established probation period must be satisfactorily served by each employee.

EMPLOYMENT ELIGIBILITY VERIFICATION: The City of El Mirage will require documentation of the legal right to work in the United States as required by the Immigration Reform and Control Act upon hire.

SMOKE FREE ARIZONA ACT: The City of El Mirage is a non-smoking environment in accordance with the Smoke-Free Arizona Act.

THE CITY BENEFIT PROGRAM INCLUDES THE FOLLOWING



Information contained herein is subject to change and does not constitute an expressed or implied contract. Any provision contained in this bulletin may be modified or revoked without notice.

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