

Title of Position for which you are applying	Recruitment Number	Date of Application
Last Name:	First Name:	MI



City of Coolidge

130 W. Central Avenue • Coolidge, Arizona 85128-4804
 (520) 723-5361
 www.coolidgeaz.com

APPLICATION FOR EMPLOYMENT

Equal Opportunity/Reasonable Accommodation Employer

INSTRUCTIONS

General:

1. Read the Job Announcement carefully before you apply. Job announcements contain special instructions and requirements. It is your responsibility to ensure that you meet those requirements. If you have not seen a job announcement, you can request one through the Human Resources Department. Applications are only accepted for current openings.
2. Answer all questions completely and in detail.
3. Print clearly in dark ink or type. Give complete and accurate information.
4. Sign this application and any other forms provided.
5. Retain a copy of the application for your files. The original, signed application must be received by the closing date of the recruitment.
The Human Resources Department does not supply copies.
6. Submit the application and any additional supplements, as applicable, to the **Human Resources Department** at the **City of Coolidge, 130 W. Central Avenue, Coolidge, Arizona 85128-4804**. Additional information may not be accepted after the close of the filing period.
Applications are not accepted via e-mail or fax.
7. Your application and all attachments become the property of the City of Coolidge and cannot be returned. Work samples, letters of recommendation and the like may be submitted with the application.
8. The incomplete or improper completion of an application by the deadline date will result in the application being rejected.
9. Contact the Human Resources Department if you have any questions about completing the application or if there is any change to your name, address and/or telephone number.
10. Include this instruction sheet when submitting your application.

Employment:

11. Show complete experience for each position beginning with your present or last position (including military experience) for the last ten years. **Do not state, "See Resume."**
12. A resume may be attached but will not be accepted in lieu of completing the employment record.
13. Use a separate sheet for continuation if necessary, following the same format as the employment record.
14. Be accurate and complete. The amount of experience and the way you describe your experience may determine whether or not you are given further consideration for the position.
15. Complete a separate application for each job that you may apply for. Photocopies are acceptable, but original signatures are required. Write the exact job title as specified on the job announcement.
16. An applicant offered City employment will be required to take a controlled substance/alcohol screening test. Employment is contingent on passing the test.

The City of Coolidge is an Equal Opportunity Employer and does not discriminate in hiring or employment on the basis of race, color, national origin or ancestry, sex, age, religious beliefs, veterans status, disability, or political affiliation.

NOTE: When advised, reasonable accommodation will be made in order for a qualified applicant with a disability to participate in any phase of the recruitment process. Please call (520) 723-5361 or TDD 1-520-723-4653 to discuss how your needs may be accommodated.

Where did you learn about this job opportunity?

(Please check all that apply)

- City of Coolidge Website
- City Employee
- Newspaper: _____
- Walk-in
- Other: _____

OFFICE USE ONLY

Application Received (FD)

- by mail
- in person
- date stamped

Applicant Logged in:

- at front desk (FD)
- on database (HR)

Postcard Receipt Acknowledgement (FD/HR)

- date mailed _____
- by whom _____

Applicant Screening (HR)

- Accepted
- Rejected
 - Incomplete application
 - Minimum Qualifications not met
- Misc. _____

POSITION DESIRED

Title of Position for which you are applying	Recruitment Number	Date of Application
Indicate minimum salary you will accept \$	Check type(s) of work you will accept <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Intermittent (on-call) <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Shiftwork/weekends	

PERSONAL DATA

Last Name	First Name	MI
Mailing Address (Street or P.O. Box)	City	State Zip code
Home Phone (Include area code)	Work Phone (Include area code)	Date available for employment
Email Address (Home)	Email Address (Work)	Please indicate best contact number
Do you currently, or have you ever worked for the the City of Coolidge? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide department and dates: _____		
Are any of your relatives (to include by marriage) employed by the City of Coolidge? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, list name(s): _____ Department(s): _____		
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please give age: _____		
Have you ever volunteered for the City of Coolidge? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide department and dates: _____		
Driver's License No. & State:	Class:	
Commercial Driver's License No. & State:	Expiration:	
Please list other names you have used:		

CRIMINAL BACKGROUND INFORMATION (ALL APPLICANTS)

ALL QUESTIONS MUST BE ANSWERED TRUTHFULLY AND COMPLETELY. "Crime" as used in this section means any and all felonies, misdemeanors and serious driving offenses, including but not limited to driving while under the influence of intoxicating liquor ("DUI") or drugs, extreme DUI, reckless driving, aggressive driving, racing/exhibition of speed, excessive (criminal) speed, leaving the scene of an accident, driving on a suspended, revoked or refused license, or any other driving offense that is a misdemeanor (i.e., possible penalty for conviction includes imprisonment or jail time). "Crime" does not include minor (civil) traffic offenses. *If you are not sure how to answer these questions, please ask a member of the Human Resources Department for assistance.*

"Convicted" means that you have been found guilty of a crime by a court or jury, or have pleaded guilty or nolo contendere ("no contest") to a crime and have been sentenced for a crime, whether imprisoned, incarcerated, placed on probation, fined or received a suspended sentence.

****NOTE: A criminal conviction(s) does not constitute an automatic disqualification to employment. Factors considered in this regard include, but are not limited to, age at time of offense(s), the nature of the offense(s), and the relationship between the offense(s) and the job(s) for which you have applied.**

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

Do you presently have any criminal charges pending in any court? Answer by writing "Yes" or "No" _____

If you have answered "yes" to either or both of these questions, please give the details of offense(s) for which convicted (or trial pending), date(s) of conviction(s) and jurisdiction(s) (court, city, county & state). If an offense(s) had been set aside or expunged, please give date(s).

Your fingerprints will be sent to state and federal law enforcement agencies (DPS and FBI). All offers of employment and continued employment will be subject to a complete review of any criminal convictions you may have. Your failure to make a full and accurate disclosure of any prior conviction(s), or to answer the questions above fully and accurately, will result in immediate termination from employment or the rejection of any pending application or offer for Town employment.

EDUCATION

Circle highest grade or degree level completed

Grade School	1	2	3	4	5	6	7	8		
High School	9	10	11	12	Graduate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	GED	<input type="checkbox"/> Yes	<input type="checkbox"/> No
College/Univ.	AAS	AA	BA	BS	MA	MS	PhD	Other: _____		

Are you presently attending school? Yes No If yes, number of semester hours: Current _____ Total _____

College or University Name	City / State	Field of Study	*Degree

* If applicable to job, proof of degree from College/University will be required upon hire.

Other Training: Name and Location of School(s)	Topic of Training	Diploma/Certificate

List Current Licenses/Professional Registrations/Certifications	Expiration Date(s)

Professional Memberships (Do not include those which indicate race, color, origin, sex, age, religious beliefs or disabled status).

SKILLS OVERVIEW

Approximate Typing Speed in words per minute (wpm):

COMPUTER SKILLS: List the computer hardware and programs with which you are proficient.

Software	Hardware

Fluent in a language other than English? List language(s):	Using a scale of 1 - 5 (5 being highest), rate your proficiency with other languages: Speak: _____ Read: _____ Write: _____
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Please summarize relevant skills, abilities and experience that exemplify your qualifications for the above position:

Summarize Community Services work (paid or volunteer) including dates:

EMPLOYMENT HISTORY

Show complete experience in each position beginning with your current or last position, including military experience for the last ten (10) years. **Do NOT state "See Resume."** A resume may be attached, but will not be accepted in lieu of completing the employment record. The amount of experience and the way you describe your experience may determine whether or not you are given further consideration for the position. Attach additional sheets for continuation if necessary, following the same format.

Have you ever been requested or forced to resign from a position for misconduct or unsatisfactory service? Yes No
 If yes, describe circumstances:

Current or most recent employer:		Phone:
Address:		
Your Title:		Number of workers you directly supervise:
Employment Dates	From:	To:
Supervisor's name/title:		
Starting Salary:	Ending Salary:	Hours per week:
Major Duties:		% of Time
1. _____		_____
2. _____		_____
3. _____		_____
4. _____		_____
5. _____		_____
		Total must equal 100%
Reason for leaving or wanting to change:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous employer:		Phone:
Address:		
Your Title:		Number of workers you directly supervised:
Employment Dates	From:	To:
Supervisor's name/title:		
Starting Salary:	Ending Salary:	Hours per week:
Major Duties:		% of Time
1. _____		_____
2. _____		_____
3. _____		_____
4. _____		_____
5. _____		_____
		Total must equal 100%
Reason for leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY, Continued

Show complete experience in each position beginning with your current or last position, including military experience for the last ten (10) years. **Do NOT state "See Resume."** A resume may be attached, but will not be accepted in lieu of completing the employment record. The amount of experience and the way you describe your experience may determine whether or not you are given further consideration for the position. Attach additional sheets for continuation if necessary, following the same format.

Previous employer:		Phone:
Address:		
Your Title:		Number of workers you directly supervised:
Employment Dates	From:	To:
Supervisor's name/title:		
Starting Salary:	Ending Salary:	Hours per week:
Major Duties:		% of Time
1. _____		_____
2. _____		_____
3. _____		_____
4. _____		_____
5. _____		_____
		Total must equal 100%
Reason for leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous employer:		Phone:
Address:		
Your Title:		Number of workers you directly supervised:
Employment Dates	From:	To:
Supervisor's name/title:		
Starting Salary:	Ending Salary:	Hours per week:
Major Duties:		% of Time
1. _____		_____
2. _____		_____
3. _____		_____
4. _____		_____
5. _____		_____
		Total must equal 100%
Reason for leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

PROFESSIONAL REFERENCES

Please list the names and contact information of three professional references (directors, managers, supervisors, leads under who have first hand knowledge of your character, personality, work ethic) who may be contacted by the City of Coolidge.

1. Name: _____ Professional Relationship: _____
Telephone (including area code): _____ Email address: _____
Years Known: _____
2. Name: _____ Professional Relationship: _____
Telephone (including area code): _____ Email address: _____
Years Known: _____
3. Name: _____ Professional Relationship: _____
Telephone (including area code): _____ Email address: _____
Years Known: _____

CONDITIONS OF CONSIDERATION FOR EMPLOYMENT

All information contained on the application is subject to verification. The City of Coolidge ("City") will conduct background checks including, but not limited to, work references, driving records, criminal conviction records and educational attainment. New hires for some City positions may be required to pass a physical examination at the City's expense.

Read and initial each paragraph below. If there is any part of this page you do not understand, please contact the Human Resources Department before signing.

- _____ I understand an employment offer is contingent upon successful completion of a pre-employment alcohol/drug test. Applicants testing positive for illegal drugs, unauthorized prescription drugs or alcohol will not be hired by the City.
- _____ I understand that any condition which may preclude my ability to perform essential functions of the job - and such conditions can not be reasonably accommodated - will disqualify me from consideration for employment in the job for which I was examined.
- _____ I authorize the City of Coolidge to conduct future examinations and work-related reviews by a physician and agree to follow any consequent prescribed work restriction, activities, and/or treatment.
- _____ I understand that employment with the City of Coolidge is contingent upon successful completion of a national background investigation and/or for relevant positions, a physical examination.
- _____ I understand that employment at the City of Coolidge, except as otherwise provided by law, is "at will" meaning that it may be terminated at any time by either party.
- _____ I understand all conditions of employment including, but not limited to, hours, benefits and salary are subject to change by the City of Coolidge at any time.
- _____ If employed, I agree to provide evidence of an acceptable driving record.
- _____ If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.
- _____ If employed, I agree to abide by all policies, regulations and guidelines established by the City of Coolidge.
- _____ I acknowledge that I understand that 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. (Americans with Disabilities Act of 1991)
- _____ I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the City of Coolidge and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from City service. In addition, I give the City of Coolidge the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the City of Coolidge in providing relevant, job related information that will assist in the process. My signature below acknowledges my understanding and agreement with the above.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date

Printed Name