

CITY OF BULLHEAD CITY APPLICATION INSTRUCTIONS

SUBMITTING AN APPLICATION: When applying for more than one position, you must complete a separate application for each position. Resumes will **not** be accepted "in-lieu" of a completed application; however, a resume may be submitted as an attachment. You are expected to answer all questions accurately and completely. You may be disqualified for any false statement or for omitting information. Completed applications may be submitted in person, by mail or by facsimile to (928) 763-0113 and must be received by the Human Resources Division, no later than 5:00 P.M. on the closing date specified in the job announcement. It is your responsibility to allow adequate mail or delivery time. Late applications will be disqualified. Issuance or acceptance of an application shall not be construed as incurring an obligation by the City. In no case shall acceptance of an application constitute assurance of consideration.

SOCIAL SECURITY NUMBER: Federal Law (P.L. 93-579, Section 7) requires that you be informed when asked for your Social Security Number and that this number must be provided as it will be used for identification purposes in the City's employment and payroll processes. Our authority for requesting and requiring this information is based upon certain provisions of the Internal Revenue Code, the Social Security Act as amended, other state and federal laws, rules, and regulations, and payroll and human resource systems.

ACCEPTANCE: Applicants who fail to submit all required information may not be considered for employment. All applications are accepted on a tentative basis subject to a later review of your employment history.

CONSIDERATION OF APPLICATIONS: Applications are screened against defined job-related criteria and the top applicants are submitted to the hiring department for further consideration in the selection process.

TESTING OF APPLICANTS: Some positions require testing including, but not limited to: computer based skills, written examination, oral board interview, performance test, physical agility test, background investigation including a review of any criminal convictions, polygraph examination and/or psychological or honesty tests.

If you have a physical, mental or learning disability which may affect your ability to take the test for which you are applying, please contact a representative of the Human Resources Division. Special testing accommodations may be arranged if verification of the disability is provided from a doctor, rehabilitation counselor or other authority. You will be contacted to make specific arrangements. Under Title 1 provision of the Americans with Disabilities Act, this information is obtained only to arrange accommodations.

SELECTION: Individuals selected for City positions will receive an official conditional offer of employment by a representative of the Human Resources Division. As a condition of employment, all prospective employees will be required to:

- A. Successfully complete a drug screen performed by the City's designated medical provider.
- B. Provide at their own expense, documents establishing identity and employment eligibility;
- C. Undergo a credit check and physical exam (if applicable), fingerprint check, motor vehicle record check, and a criminal background investigation.

APPLICANT NOTIFICATION: Due to the large numbers of applications received for City vacancies, you will be notified in writing if you are not selected for an interview or further testing. If you are selected for an interview or further testing, you will be notified by mail or by telephone if you are selected for an interview or further testing.

Thank you for your interest in employment with the City of Bullhead City.



CITY OF BULLHEAD CITY EMPLOYMENT APPLICATION

Return completed application to:
Human Resources Division
 1255 Marina Boulevard
 Bullhead City, AZ 86442

Human Resource Use Only			
M	F	H	_____

Phone: 928-763-0153 FAX: 928-763-0113 TTY: 928-763-0143

The application form must be completed in sufficient detail to allow comprehensive review and evaluation. The City is an Equal Employment Opportunity Employer. It is the policy of the City to recruit, hire and promote qualified persons without regard to race, color, sex, religion, national origin, age, political affiliation, physical or mental impairments or veteran status. Per §ARS 36-601.01(C), smoking is prohibited in all public places and places of employment.

1. POSITION FOR WHICH YOU ARE APPLYING

Job #:	Position Title:
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PERSONAL DATA

2. _____

Last Name	First Name	MI
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3. _____

Street Address	City	State	Zip
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4. Home Phone: _____ Work/Cell Phone: _____ Email: _____
5. Message/Contact: _____

Name	Address	Phone No.
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6. SOCIAL SECURITY NUMBER: _____ - _____ - _____
7. Have you been known to previous schools/employers/law enforcement/references by another name? Yes No
If yes, please provide name(s) _____
8. If you possess a valid driver's license, check the class number and complete the following:
 Driver's License No. _____ State: _____ Class _____ Expiration Date: _____
 Endorsements: _____
9. Do you have any relatives currently employed by the City of Bullhead City? Yes No
If yes, give department and name of relative(s): _____
10. Some positions have minimum age requirements, are you under 18 years of age? Yes No
11. Do you legally have the right to work in the United States? Yes No
(NOTE: All applicants will be required to furnish proof of identity and legal right to work in the United States)
12. Do you currently have pending charges or have **you ever** been convicted or plead guilty to a crime? "Crime" means all felonies, misdemeanors, and serious driving offenses (e.g., include: DWI/DUI-Drugs, Reckless Driving), do not include minor traffic offenses. Yes No

If yes, please give offense(s) date(s) and jurisdiction for each conviction or guilty plea:

PLEASE NOTE: If hired, you will be required to undergo and pass a thorough background investigation, which will include your fingerprints being submitted to the Arizona Department of Public Safety for the purpose of having a criminal history completed in accordance with Arizona Revised Statutes §41-1750. **Any false statement or omission will be considered falsification of your employment application and grounds for immediate termination from your position or withdrawal of any offer of employment with the City of Bullhead City.**

Position Title: _____ Last 4-Digits of SSN #: _____

13. Have you ever worked or volunteered for the City of Bullhead City? Yes No
If yes, please identify the name of the department, position title, and dates of employment _____

14. Type of Appointment Desired: (Check all that apply)
Regular Temporary
 Full-Time Regular Part-Time Temporary (max. 29 hrs. per week)
 Part-Time Regular (max. 20 hrs. per week)

15. If considerable out-of-town travel is required, would you be willing and able to travel? Yes No

16. Will you accept a job that requires you to work overtime, weekends and/or holidays? Yes No

17. Shifts you are able to work: (Check all that apply)
 Day Night Evening Weekends Holidays

18. Date available to start work: _____

19. Have you been discharged or requested to resign (in lieu of termination) from any position for misconduct or unsatisfactory service in the past 10 years? Yes No

If yes, please identify the name of the employer and explain the circumstances surrounding the severance of your employment relationship: _____

EDUCATION AND TRAINING

20. Did you receive a High School Diploma or G.E.D.? Yes No

21. College/Trade School:

Name & Location	Credit Hours	Major	Type of Degree	Degree Awarded	Date Degree Awarded
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

22. List position-related licenses, registrations, certificates or professional memberships. (Copy must be attached if it is a requirement of the position for which you are applying.)

Description	Number/State Issuing	Date of Issuance

Position Title: _____ Last 4-Digits of SSN #: _____

SKILLS OVERVIEW

- 23. Approximate Typing Speed (words per minute): _____
- 24. Computer-Related Training & Experience: (Describe your experience and level of proficiency working with computer systems, applications, hardware, software, etc.) _____

25. Are you fluent in a language other than English? Yes No

LANGUAGE	SPEAK	READ	WRITE

- 26. Summarize relevant experience, knowledge and/or skills you feel qualifies you for this position:

- 27. Summarize community service work (paid or volunteer) including dates:

- 28. Summarize leadership roles:

Position Title: _____ Last 4-Digits of SSN #: _____

EMPLOYMENT HISTORY

Beginning with your current or most recent employer (including volunteer experience), list your employers for the last ten (10) years of employment. If you do not have 10 years work experience, please list the reason why (school, military, unemployed, etc.) Provide complete and accurate addresses and phone numbers of former employers. If you have had more than one position with the same employer, please list each position separately. Attach additional sheets as necessary.

A. Company: _____ Phone Number: (____) _____
Address/City/State/Zip: _____
Start Date: _____ End Date: _____ Starting Salary: _____ Ending Salary: _____
Supervisor's Name: _____ Title: _____
Your Title: _____ Duties (be specific): _____

Reason for Leaving: _____
May we contact this employer if you are considered for the position? Yes No

B. Company: _____ Phone Number: (____) _____
Address/City/State/Zip: _____
Start Date: _____ End Date: _____ Starting Salary: _____ Ending Salary: _____
Supervisor's Name: _____ Title: _____
Your Title: _____ Duties (be specific): _____

Reason for Leaving: _____
May we contact this employer if you are considered for the position? Yes No

C. Company: _____ Phone Number: (____) _____
Address/City/State/Zip: _____
Start Date: _____ End Date: _____ Starting Salary: _____ Ending Salary: _____
Supervisor's Name: _____ Title: _____
Your Title: _____ Duties (be specific): _____

Reason for Leaving: _____
May we contact this employer if you are considered for the position? Yes No

Position Title: _____ Last 4-Digits of SSN #: _____

D. Company: _____ Phone Number: (____) _____

Address/City/State/Zip: _____

Start Date: _____ End Date: _____ Starting Salary: _____ Ending Salary: _____

Supervisor's Name: _____ Title: _____

Your Title: _____ Duties (be specific): _____

Reason for Leaving: _____

May we contact this employer if you are considered for the position? Yes No

E. Company: _____ Phone Number: (____) _____

Address/City/State/Zip: _____

Start Date: _____ End Date: _____ Starting Salary: _____ Ending Salary: _____

Supervisor's Name: _____ Title: _____

Your Title: _____ Duties (be specific): _____

Reason for Leaving: _____

May we contact this employer if you are considered for the position? Yes No

F. Company: _____ Phone Number: (____) _____

Address/City/State/Zip: _____

Start Date: _____ End Date: _____ Starting Salary: _____ Ending Salary: _____

Supervisor's Name: _____ Title: _____

Your Title: _____ Duties (be specific): _____

Reason for Leaving: _____

May we contact this employer if you are considered for the position? Yes No

29. **REFERENCES:** Give name and contact information of three people, not relatives, who have knowledge of your skills, experience and abilities.

NAME	BUSINESS/OCCUPATION	ADDRESS	PHONE

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT

Application IS INVALID unless SIGNED BY THE APPLICANT. Applicants who fail to submit all required information will not be considered for employment. All applications are accepted on a tentative basis subject to a later review of your employment history.

I affirm that this application contains no misrepresentations, omissions or falsifications and that the information is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation, omission or falsification, my application will be rejected or, if employed by the City, I may be terminated from employment. I further authorize any of my employers (subject to my answer to the previous questions regarding current employer) or references to give the Human Resources Manager or any hiring City Department any private or confidential information concerning my employment record. I authorize copies of this form to be furnished to hiring City departments. I understand that I shall be required to provide proof of identity and eligibility to work in the United States in compliance with the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) of 1996 or any other applicable law, rule or regulation, as a condition of receiving any compensation from the City. I understand that if I am interviewed or selected as a finalist for a position with the City of Bullhead City, my application will be considered "public record" pursuant to A.R.S. 39-121, and may be made available to any person, including the news media.

Signature (*Do not print*): _____ Date _____

CITY OF BULLHEAD CITY, ARIZONA
Request for
EEO STATISTICAL DATA

CONFIDENTIAL – VOLUNTARY

Dear Applicant:

Government agencies at times require periodic reports on gender, ethnicity, disabled, veteran and other protected groups. SUBMISSION OF THIS INFORMATION IS VOLUNTARY. THIS INFORMATION WILL NOT BECOME A PART OF YOUR EMPLOYMENT APPLICATION OR PERSONNEL FILE IN ANYWAY. YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT ENHANCE OR DETRACT FROM YOUR OPPORTUNITY FOR EMPLOYMENT WITH THE CITY OF BULLHEAD CITY AND WILL BE KEPT CONFIDENTIAL.

Date: _____	Position applied for _____
	Under 18 _____ Over 40 _____
	Check One: Male _____ Female _____

Check one of the following:

- | | |
|-----------------------------------|---|
| Caucasian | Includes origins in Europe, North Africa, Middle East. Not of Hispanic origin or East Indian |
| African American | Includes origins in any black racial group. Not of Hispanic origin. |
| Hispanic | Includes origins of Mexican, Puerto Rica, Central or South American, or other Spanish culture |
| Asian or Pacific Islander | Includes origins in Far East, Southeast Asia, Pacific Islands, Indian subcontinent (China, Japan, Korea, Philippines, Samoa, Vietnam, India and Pakistan) |
| Native American or Alaskan Native | Includes origins in North America and maintains cultural identification through tribal affiliation or community recognition |

Check if any of the following are applicable:

- _____ Vietnam Era Veteran
_____ Disabled Veteran
_____ Disabled (as defined by the Americans with Disabilities Act of 1990)

Referred by:

- Job Hotline Relative Employee Walk-in Newspaper Professional Journal
Other _____

PLEASE RETURN THE COMPLETED FORM TO:

CITY OF BULLHEAD CITY
Human Resources Division
1255 Marina Boulevard
Bullhead City, AZ 86442-5733