

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.

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 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

Phone: 928-763-0153

FAX: 928-763-0113

TTY: 928-763-0143

Human Resource Use Only			
M	F	H	_____

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:
--------	-----------------

PERSONAL DATA

- | | | |
|-----------|------------|-------|
| _____ | _____ | _____ |
| Last Name | First Name | MI |
- | | | | |
|----------------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| Street Address | City | State | Zip |
- Home Phone: _____ Work/Cell Phone: _____ Email: _____
- Message/Contact: _____
- | | | |
|-------|---------|-----------|
| _____ | _____ | _____ |
| Name | Address | Phone No. |
- Have you been known to previous schools/employers/law enforcement/references by another name? Yes No
If yes, please provide name(s) _____
- 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: _____
- Do you have any relatives currently employed by the City of Bullhead City? Yes No
If yes, give department and name of relative(s): _____
- Some positions have minimum age requirements, are you under 18 years of age? Yes No
- 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)
- 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: _____

12. 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 _____

13. 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)

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

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

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

17. Date available to start work: _____

18. 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

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

20. 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	

21. 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: _____

SKILLS OVERVIEW

22. Approximate Typing Speed (words per minute): _____

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

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

LANGUAGE	SPEAK	READ	WRITE

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

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

27. Summarize leadership roles:

Position Title: _____

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: _____

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

28. **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

Position Title: _____

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 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) Act 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 _____