Fax: (520) 417-7155 Tel: (520) 417-7326



An affirmative action and equal opportunity employer

The City of Douglas does not discriminate on the basis of Race, Color, National Origin, Sex, Religion, Age, Veteran Status, Genetics or Disability or any other legally protected status in employment or the provision of services.

City of Douglas HR Department 425 10th Street, Douglas, AZ 85607

Position Desired						
Position Title:						
Job Announcement Number	r:					
Type of Position you are int	Full	III Time Part Time		ne	Temporary	
Sea			easonal Weeken		ds	Shifts
When would you be availab	le to start work?	•				
Personal Data						
Name:						
Address:						
City:			State:			Zip:
Mailing Address (If different	from above)					
Home Phone:	Office Phone:	Message Phone:		Cell Phone:		
Email Address:	<u> </u>					
Driver's License No. & State: Class: Expiration:						
If CDL, list all endorsements			Endorsements: Endor		sements:	
Are you legally authorized to work in the United States? Yes No						
Have you ever worked or vollif yes, please give dates:	olunteered for the City of	Dougl	as?	Yes No)	
If you answered yes to the a used:	above question, and you	were e	employed u	nder a differe	nt nam	e, please list the name
Are any of your relatives employed by the City of Douglas? Yes No Relatives' name: State Relationship:						

Employment Application

Education						
Do you have a High School Diploma accred	ited in the	U.S.?	Yes	No		
If yes, give name and place of school of gra	duation:					
Do you have a G.E.D. certificate?	Yes	No				
College(s) or University Name and Location		Major		De	egree	Date
Business/Vocational/Technical S	chools					
Name and Location	••••		Cours	e of Study	Diploma	& Date
					•	
List License (date & #), professional regist	rations (da	ate), certific	ates and	professional m	emberships:	
List Honors, Awards, Fellowships:						
Skills Overview						
Approximate Typing Speed in words per m						
List computer software with which you are	familiar:					
List all languages you can speak, read, write and understand. Please include English.	Language			Speak:%	Read:%	Write: %
Please summarize relevant skills and experience that exemplify your qualifications for the above position:						
References:						
Provide name, email-address and telephon	ie number	of three re	ferences	who are not rela	ated to you.	

Employment Application

Employment History						
Current or most recent employer: Phone:						
Address:						
Your Title:			Number of	workers you c	lirectly supervised:	
Employment Dates	From:			To:		
Supervisor's name/title:						
Starting Salary:		Present/Ending	 :		Hours per week:	
Description of Duties:						
Reason for leaving or wantir	ng to change:					
Employer:					Phone:	
Address:					1	
Your Title:			Number of	workers you c	lirectly supervised:	
Employment Dates	From:			To:		
Supervisor's name/title:						
Starting Salary:		Ending:			Hours per week:	
Description of Duties:						
Reason for leaving or wantir	ng to change:					
Tradestries for training to origing.						
Employer:					Phone:	
Address:			NI		Paradha ann an Sard	
Your Title:	F		Number of	1	lirectly supervised:	
Employment Dates	From:			То:		
Supervisor's name/title:		T				
Starting Salary: Description of Duties:		Ending:			Hours per week:	
Description of Duties:						
Reason for leaving or wanting to change:						

Employment Application

Employment History				
Employer:				Phone:
Address:				
Your Title:			Number of workers you d	lirectly supervised:
Employment Dates	From:		To:	<u> </u>
Supervisor's name/title:				
Starting Salary:		Ending:		Hours per week:
Description of Duties:		-		-
December leaving or wenting	ag to change.			
Reason for leaving or wantir	ig to change:			
Employer:				Phone:
Address:				
Your Title:		Nu	mber of workers you direc	tly supervised:
Employment Dates	From:		To:	
Supervisor's name/title:				
Starting Salary:		Ending:		Hours per week:
Description of Duties:				
Reason for leaving or wantir	ng to change:			
Neason for leaving or wantin	ig to change.			
Employer:				Phone:
Address:				
Your Title:		Nu	mber of workers you direc	tly supervised:
Employment Dates	From:		То:	
Supervisor's name/title:				
Starting Salary:		Ending:		Hours per week:
Description of Duties:				
Reason for leaving or wantir	ng to change:			

Employment Application

Affirmation Statement/Signature

The above information is true and complete. I understand that false statements on this application or any verbal or written misleading or false representation made in the course of the selection process may be deemed sufficient cause for dismissal.

In compliance with the Immigration Reform & Control Act of 1986, I will submit proof of work eligibility if hired by the City of Douglas.

Signature:		Date:	
	For Human Resource	Department Use Only	
MQs No	T&E Score	Code	
Temporary/Limited/Seasonal			
Placed on hiring list YesNo	Notified of StatusNo		
Notes:			

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Employment Application

APPLICANT INFORMATION SURVEY

Instructions: The City of Douglas is an Equal Opportunity Employer. The information solicited on this page is being compiled by the City of Douglas HR Department to comply with Federal EEO/Affirmative Action record keeping regulations and to enable related statistical research. You are not required to furnish this information, but your cooperation is encouraged. The information provided on this form is CONFIDENTIAL. This survey will be removed from your application prior to the review process.

Date:			Position Title:	
Job Announcement Number:				
Indicate	e your choice of responses for items A - F by placin	g an I	X in the appropriate box.	
	nic Category: only one (definition of categories are below.) White (WH) Hispanic (HI) Native American (AI)		African American (BL) Asian (AS)	
B. Sex	Male (M)		Female (F)	
C. Age	Group			
	Under 20 (19) 30-39 (30) 50-59 (50)		20-29 (20) 40-49 (40) 60+ (60)	
D. Vete	eran Status I am a veteran of the United States Armed Forces, honorably separated following more than 180 days of active duty. Excluding training and reserve duty. (1)		I am not a veteran. (2)	
	I am a spouse of a permanently disabled veteran. (3)		I am the spouse of an Active duty Armed Forces member who is missing in action.(4)	
E. Are	you disabled? (For definition of "disabled" see below Yes (1)	v.)	No (2)	

CITY OF DOUGLAS Employment Application

EQUAL EMPLOYMENT OPPORTUNITY SURVEY DEFINITIONS

- 1. White: Includes persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the East Indian Subcontinents.
- 2. Black: Includes persons having origins in any of the Black racial groups.
- 3. Hispanic: Includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- 4. American Indian or Alaskan Native: Includes persons having origin in any of the original peoples of North America.
- 5. Asian or Pacific Islander: Includes persons having origins in any of the original peoples of the Far East, Southeast Asia or the Pacific Islands (China, Japan, Korea, Samoa, etc.)
- 6. Disabled: Anyone who has a physical or mental impairment which substantially limits one or more major life activities or has a record of such impairment or is regarded as having such an impairment.