



CITY OF DOUGLAS
Employment Application

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

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

Position Desired						
Position Title:						
Job Announcement Number:						
Type of Position you are interested in:	<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	Temporary
	<input type="checkbox"/>	Seasonal	<input type="checkbox"/>	Weekends	<input type="checkbox"/>	Shifts
When would you be available to start work?						
Personal Data						
Name:						
Primary Physical Address at Time of Application:						
City:			State:		Zip:	
Mailing Address (If different from above)						
Home Phone:		Office Phone:		Message Phone:		Cell Phone:
Email Address:						
Driver's License No. & State:			Class:		Expiration:	
If CDL, list all endorsements			Endorsements:		Endorsements:	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever worked or volunteered for the City of Douglas? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give dates:						
If you answered yes to the above question, and you were employed under a different name, please list the name used:						
Are any of your relatives employed by the City of Douglas?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Relatives' name:			State Relationship:			

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Education				
Do you have a High School Diploma accredited in the U.S.? _____ Yes _____ No				
If yes, give name and place of school of graduation:				
Do you have a G.E.D. certificate? _____ Yes _____ No				
College(s) or University Name and Location	Major	Degree	Date	
Business/Vocational/Technical Schools Name and Location	Course of Study		Diploma & Date	
List License (date & #), professional registrations (date), certificates and professional memberships:				
List Honors, Awards, Fellowships:				
Skills Overview				
Approximate Typing Speed in words per minute:				
List computer software with which you are familiar:				
List all languages you can speak, read, write and understand. Please include English.	Language(s):	Speak: %	Read: %	Write: %
Please summarize relevant skills and experience that exemplify your qualifications for the above position:				
References:				
Provide name, email-address and telephone number of three references who are not related to you.				

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Employment History				
Current or most recent employer:			Phone:	
Address:				
Your Title:			Number of workers you directly supervised:	
Employment Dates	From:		To:	
Supervisor's name/title:				
Starting Salary:		Present/Ending:		Hours per week:
Description of Duties:				
Reason for leaving or wanting to change:				
Employer:			Phone:	
Address:				
Your Title:			Number of workers you directly supervised:	
Employment Dates	From:		To:	
Supervisor's name/title:				
Starting Salary:		Ending:		Hours per week:
Description of Duties:				
Reason for leaving or wanting to change:				
Employer:			Phone:	
Address:				
Your Title:			Number of workers you directly supervised:	
Employment Dates	From:		To:	
Supervisor's name/title:				
Starting Salary:		Ending:		Hours per week:
Description of Duties:				
Reason for leaving or wanting to change:				

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Employment History				
Employer:			Phone:	
Address:				
Your Title:			Number of workers you directly supervised:	
Employment Dates	From:		To:	
Supervisor's name/title:				
Starting Salary:		Ending:		Hours per week:
Description of Duties:				
Reason for leaving or wanting to change:				
Employer:			Phone:	
Address:				
Your Title:			Number of workers you directly supervised:	
Employment Dates	From:		To:	
Supervisor's name/title:				
Starting Salary:		Ending:		Hours per week:
Description of Duties:				
Reason for leaving or wanting to change:				
Employer:			Phone:	
Address:				
Your Title:			Number of workers you directly supervised:	
Employment Dates	From:		To:	
Supervisor's name/title:				
Starting Salary:		Ending:		Hours per week:
Description of Duties:				
Reason for leaving or wanting to change:				

Affirmation Statement/Signature

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:** _____

[illegible]

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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 your choice of responses for items A - F by placing an X in the appropriate box.

A. Ethnic Category:

Check only one (definition of categories are below.)

- | | |
|--|---|
| <input type="checkbox"/> White (WH)
<input type="checkbox"/> Hispanic (HI)
<input type="checkbox"/> Native American (AI) | <input type="checkbox"/> African American (BL)
<input type="checkbox"/> Asian (AS) |
|--|---|

B. Sex

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Male (M) | <input type="checkbox"/> Female (F) |
|-----------------------------------|-------------------------------------|

C. Age Group

- | | |
|--|---|
| <input type="checkbox"/> Under 20 (19)
<input type="checkbox"/> 30-39 (30)
<input type="checkbox"/> 50-59 (50) | <input type="checkbox"/> 20-29 (20)
<input type="checkbox"/> 40-49 (40)
<input type="checkbox"/> 60+ (60) |
|--|---|

D. Veteran Status

- | | |
|--|---|
| <input type="checkbox"/> 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) | <input type="checkbox"/> I am not a veteran. (2) |
| <input type="checkbox"/> I am a spouse of a permanently disabled veteran. (3) | <input type="checkbox"/> 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.)

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
|----------------------------------|---------------------------------|
-

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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.