



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 10<sup>th</sup> Street, Douglas, AZ 85607**

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

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

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<b>Education</b>																
<b>Do you have a High School Diploma accredited in the U.S.?</b> _____ <b>Yes</b> _____ <b>No</b>																
<b>If yes, give name and place of school of graduation:</b>																
<b>Do you have a G.E.D. certificate?</b> _____ <b>Yes</b> _____ <b>No</b>																
<table border="1"><tr><td><b>College(s) or University Name and Location</b></td><td><b>Major</b></td><td><b>Degree</b></td><td><b>Date</b></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>					<b>College(s) or University Name and Location</b>	<b>Major</b>	<b>Degree</b>	<b>Date</b>								
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<b>List License (date &amp; #), professional registrations (date), certificates and professional memberships:</b>																
<b>List Honors, Awards, Fellowships:</b>																
<b>Skills Overview</b>																
<b>Approximate Typing Speed in words per minute:</b>																
<b>List computer software with which you are familiar:</b>																
<b>List all languages you can speak, read, write and understand. Please include English.</b>																
<b>Language(s):</b> _____ <b>Speak: %</b> _____ <b>Read: %</b> _____ <b>Write: %</b>																
<b>Please summarize relevant skills and experience that exemplify your qualifications for the above position:</b>																
<b>References:</b>																
<b>Provide name, email-address and telephone number of three references who are not related to you.</b>																

# CITY OF DOUGLAS

## Employment Application

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:		

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## 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 ____ Yes ____ No	T&E Score	Code
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## Temporary/Limited/Seasonal

<b>Placed on hiring list</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Notified of Status</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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## Notes:

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APPLICANT INFORMATION SURVEY

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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.

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A. Ethnic Category:

Check 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. Veteran 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)

No (2)

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EQUAL EMPLOYMENT OPPORTUNITY SURVEY DEFINITIONS

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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.