EMPLOYMENT APPLICATION

The City of Bisbee is an equal opportunity employer. We consider applicants for all positions without regard to age, color, creed, disability, gender, national origin, marital status, race, religion, genetics or any other legally protected status.

Instructions: You may apply by mailing or delivering a completed application form to the City of Bisbee Personnel Department, 118 Arizona Street, Bisbee, AZ 85603. Applications can also be forwarded to personnel@cityofbisbee.com or faxed to Personnel at 520-432-6069. **Faxed or electronic applications must be followed by original hard copies. Resumes will not be accepted in lieu of a completed application. Applications must be received in this office no later than 5 p.m. on the closing date of the position in order to be considered.** The applicant must clearly demonstrate on the application form that they meet the minimum qualifications for the position. Complete each item accurately and specifically. A separate City of Bisbee application is required for each position. Employment history continuation sheets should be used if additional space is required. Applications which are incomplete, unsigned or applications with photocopied signatures, will not be accepted. The City of Bisbee only accepts applications for posted positions. In compliance with the Immigration Reform & Control Act of 1986, individuals hired by the City of Bisbee must submit proof of work eligibility. The City of Bisbee participates in the E-Verify Employment Verification Program.

PLEASE PRINT CLEARLY IN INK OR TYPE

Position Applied For Date of Application

How did you learn about us?

☐ City website ☐City Employee ☐ Bisbee Observer ☐ SV Herald/Bisbee Daily Review ☐ Posted Job Announcement

☐ Other :

Last Name	First Name	Middle Initial
Mailing Address Number Street City State Zip Code		
Telephone Number(s)	Email	Social Security Number (voluntary)

Education

High School, College, University, Technical or Trade School

School Name	Location: City / State	Course of Study	Years completed	Diploma / Degree
				High School Graduate? ☐Y ☐ N GED? ☐ Y ☐ N

Are you 18 years of age or older? ☐ Yes ☐ No If no, what is your date of birth? _____

Do you have the legal right to work in the United States? ☐ Yes ☐ No

EMPLOYMENT HISTORY: Please provide an accurate and complete description of any work which qualifies you for the job for which you are applying. Include service in the armed forces or self-employment. **This section must be completed in detail.** Start with your present or most recent employer. If you have more jobs to list than space allows, continue on the Employment History Continuation Sheet. Applications that do not provide information showing that the applicant meets the required minimum qualifications or knowledge, skills and abilities for the position will be rejected. **Do not refer to a resume.**

1. Employer:_____ Job Title: _____

Employer Address: _____

Telephone: (____)_____ If you are a finalist for this position may we contact? ☐ Yes ☐ No

From:_____ /_____to_____ /_____ Total months:_____ Hours/ week:_____ Salary: _____
month year month year

Reason for Leaving:_____ Name of Supervisor: _____

Description of Duties: _____
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Was this a supervisory or managerial position? ☐ Yes ☐ No If Yes, please answer following questions:

Supervisory: How many employees did you directly supervise? _____
Managerial: How many employees did you directly supervise? _____
Total number of employees managed (directly and through subordinate supervisors): _____

2. Employer:_____ Job Title: _____

Employer Address: _____

Telephone: (____)_____ If you are a finalist for this position may we contact? ☐ Yes ☐ No

From:_____ /_____to_____ /_____ Total months:_____ Hours/ week:_____ Salary: _____
month year month year

Reason for Leaving:_____ Name of Supervisor: _____

Description of Duties: _____
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Was this a supervisory or managerial position? ☐Yes ☐ No If Yes, please answer following questions:

Supervisory: How many employees did you directly supervise? _____
Managerial: How many employees did you directly supervise? _____
Total number of employees managed (directly and through subordinate supervisors): _____

EMPLOYMENT HISTORY - CONTINUED

3. Employer:_____ Job Title: _____

Employer Address: _____

Telephone: (___)_____ If you are a finalist for this position may we contact? ☐ Yes ☐ No

From:_____ /_____to_____ /_____ Total months:_____ Hours/ week:_____ Salary: _____
month year month year

Reason for Leaving:_____ Name of Supervisor: _____

Description of Duties: _____
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Was this a supervisory or managerial position? ☐ Yes ☐ No If Yes, please answer following questions:

Supervisory: How many employees did you directly supervise? _____
Managerial: How many employees did you directly supervise? _____
Total number of employees managed (directly and through subordinate supervisors): _____

4. Employer:_____ Job Title: _____

Employer Address: _____

Telephone: (___)_____ If you are a finalist for this position may we contact? ☐ Yes ☐ No

From:_____ /_____to_____ /_____ Total months:_____ Hours/ week:_____ Salary: _____
month year month year

Reason for Leaving:_____ Name of Supervisor: _____

Description of Duties: _____
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Was this a supervisory or managerial position? ☐ Yes ☐ No If Yes, please answer following questions:

Supervisory: How many employees did you directly supervise? _____
Managerial: How many employees did you directly supervise? _____
Total number of employees managed (directly and through subordinate supervisors): _____

Describe any specialized training, licenses, certifications, language proficiencies or other qualifications which have not been previously listed and which you believe relate to the position for which you are applying. Be specific in your description.

References List three professional references with direct knowledge of your work experience.

Name	Address	Telephone Number / Email	Occupation
		Email:	
		Email:	
		Email:	

NOTICE: Due to an Arizona Supreme Court decision in 1991, if you are interviewed or selected as a finalist for a position with the City of Bisbee, your application and resume are considered public records. Public records are required by law to be made available during normal business hours to any person. Confidential information, such as social security number, will be redacted.

Under penalty of perjury, I hereby certify and affirm that all the information contained in this application and all supplemental attachments is true, complete and correct. I understand that false or misleading statements or the omission of important information made on this application or any time during the pre-hiring process may disqualify me from employment or subject me to immediate dismissal if hired.

By signing this application, I authorize the City of Bisbee to investigate my employment background and qualifications and perform a check of criminal convictions, and I authorize my previous employers to release to the City of Bisbee information concerning my previous employment, education, training, experience and job performance and any other pertinent information concerning my professional competence, ethics and qualifications for employment.

I release my prior employers and their agents, and the City of Bisbee, from any and all liability for damages of any kind that may result to me or my family because of compliance with this authorization to release information.

Signature: _____ Date: _____

City of Bisbee
Personnel Department
118 Arizona Street
Bisbee, Arizona 85603
Phone: 520.432.6000 Fax 520.432.6069
personnel@cityofbisbee.com
www.cityofbisbee.com

EMPLOYMENT HISTORY - CONTINUATION SHEET

Employer:_____ Job Title: _____

Employer Address: _____

Telephone: (___) _____ If you are a finalist for this position may we contact? ☐ Yes ☐ No

From:_____ /_____to_____ /_____ Total months:_____ Hours/ week:_____ Salary: _____
month year month year

Reason for Leaving:_____ Name of Supervisor: _____

Description of Duties: _____
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Was this a supervisory or managerial position? ☐ Yes ☐ No If Yes, please answer following questions:

Supervisory: How many employees did you directly supervise? _____
Managerial: How many employees did you directly supervise? _____
Total number of employees managed (directly and through subordinate supervisors): _____

Employer:_____ Job Title: _____

Employer Address: _____

Telephone: (___) _____ If you are a finalist for this position may we contact? ☐ Yes ☐ No

From:_____ /_____to_____ /_____ Total months:_____ Hours/ week:_____ Salary: _____
month year month year

Reason for Leaving:_____ Name of Supervisor: _____

Description of Duties: _____
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Was this a supervisory or managerial position? ☐ Yes ☐ No If Yes, please answer following questions:

Supervisory: How many employees did you directly supervise? _____
Managerial: How many employees did you directly supervise? _____
Total number of employees managed (directly and through subordinate supervisors): _____

118 Arizona St • Bisbee, Arizona 85603
Phone (520) 432-6000 • FAX (520) 432-6069 • TDD (520) 432-7681

Employment Application Addendum

Please complete the following and return this form with your completed application for employment. Both application and addendum must be signed.

1. Do you have any criminal convictions (not to include civil traffic violations and juvenile offenses)? If so, give the details below, including when and where the offense occurred and the disposition of the case. For MOST jobs, convictions will NOT automatically be grounds for disqualification from consideration. The failure to answer truthfully will be grounds for disqualification.

   Yes _____ No _____

   Details:

2. Are you currently subject to any probation or parole orders or any civil orders that restrict or regulate your conduct in any manner? If so, please explain fully.

   Yes _____ No _____

   Details:

I hereby certify that all statements contained herein are true to the best of my knowledge and I understand omissions or misstatements may be cause for rejection of this application, removal of my name from an eligibility list or discharge from the City of Bisbee, regardless of the time of discovery.

Signature: _____Date: _____

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Authorization and Consent To Disclosure

Date _____ (Expires six months from this date unless revoked earlier.)

I understand that all information provided to the City of Bisbee is subject to verification. To assist the City of Bisbee in processing my employment application, the undersigned applicant for employment hereby authorizes any employer or prior employer, educational institution, law enforcement agency, consumer reporting agency, governmental agency, or any person or organization possessing employment, educational or police record information concerning me to release all such information to the City of Bisbee, its agents and employees.

Name: _____

Date of Birth: _____ SS# _____

Maiden Name: _____

Other Name(s) Used: _____

Driver's License #: _____ State: _____

I specifically authorize the City of Bisbee, through its designated representatives, to view, copy, be furnished copies and be given details of all such employment information, educational records, police records and financial information, specifically to include credit history information.

_____

Any copy of this authorization shall have the same authority as the original.

Signature _____

Address _____

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Employment Application
Addendum

For Positions Within The Police Department, The Fire Department
And Certain Public Works And Other Department Positions

In accordance with the Drug-Free Workplace Act of 1988, the City of Bisbee, as a federal grant recipient, is required by federal law to certify to agencies from which it receives grants that it ensures a drug-free workplace.

Accordingly, on August 17, 1990, the City of Bisbee's "Drug Free Workplace Policy" went into effect. The policy requires that all successful applicants for positions with the Police Department, the Fire Department, and certain positions within the Public Works and other Departments, must pass a screening for drugs and alcohol. Confidentiality of test results is maintained.

As a condition of hire, I understand that I will be asked to sign a pre-employment drug screening form. Failure to do so, or a failure to pass said testing, will result in an automatic disqualification of my application for employment as:

Position Applied For: _____

Signature: _____ Date: _____

For Positions in all departments of the City

Are you related by blood or marriage to any City of Bisbee employee? _____Yes _____No.

If yes, what is the employee's name, and what department does he or she work in?_____

_____

_____

_____