



CITY OF WILLCOX Employment Application

An affirmative action and equal opportunity employer.

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

Your signed application can only be accepted in hard copy form. Please submit your completed application to:

City of Willcox HR Department
101 S. Railroad Ave, Ste. B, Willcox, AZ 85643

Fax: (520) 384-2590
Phone: (520) 384-4271
Extension: #4204

Position Desired						
Position Title: Dispatcher						
Job Announcement Number: 31514						
This Position is Considered:				x	Full Time	Part Time
<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt					Seasonal	X Weekends
						X Shifts
When would you be available 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:						
Are you legally authorized to work in the United States? Yes No						
Have you ever worked or volunteered for the City of Willcox? Yes 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 Willcox? Yes No						
Explain:						
Driver's License No. & State:				Class:		Expiration:
CDL No. & State:				Class:		Expiration:
Have you been arrested or charged with any offense within the past 7 years? Yes No						
If yes, were you ever convicted? Yes No						
If yes, state when, where, and disposition of case.						
You must disclose any conviction or arrest regardless of the ultimate outcome and regardless of whether your record in connection with the offense was ultimately expunged or cleared. (Conviction of a crime is not necessarily a bar to employment.)						

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Education				
Do you have a High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and place of school of graduation:				
Do you have a G.E.D. certificate? <input type="checkbox"/> Yes <input type="checkbox"/> 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:				
Fluent in a language other than English:	Language(s):	Speak:	Read:	Write:
Please summarize relevant skills and experience that exemplify your qualifications for the above position:				
References:				
Give name, 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:			
Hours per week:			
Description of Duties:			
Reason for leaving or wanting to change:			
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:			Phone:
Address:			
Your Title:		Number of workers you directly supervised:	
Employment Dates	From:	To:	
Supervisor's name/title:			
Hours per week:			
Description of Duties:			
Reason for leaving or wanting to change:			
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:			Phone:
Address:			
Your Title:		Number of workers you directly supervised:	
Employment Dates	From:	To:	
Supervisor's name/title:			
Hours per week:			
Description of Duties:			
Reason for leaving or wanting to change:			
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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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:			
Hours per week:			
Description of Duties:			
Reason for leaving or wanting to change:			
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:			Phone:
Address:			
Your Title:		Number of workers you directly supervised:	
Employment Dates	From:	To:	
Supervisor's name/title:			
Hours per week:			
Description of Duties:			
Reason for leaving or wanting to change:			
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:			Phone:
Address:			
Your Title:		Number of workers you directly supervised:	
Employment Dates	From:	To:	
Supervisor's name/title:			
Hours per week:			
Description of Duties:			
Reason for leaving or wanting to change:			
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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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 Willcox.

Signature:	Date:
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For Human Resource Department Use Only

MQs <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received in HR:	Date Sent to Department:
Placed on Interview list <input type="checkbox"/> Yes <input type="checkbox"/> No	Notified of Status <input type="checkbox"/> Yes <input type="checkbox"/> No	

Notes:

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APPLICANT INFORMATION SURVEY

Instructions: The City of Willcox is an Equal Opportunity Employer. The information solicited on this page is being compiled by the City of Willcox 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"/> African American (BL) |
| <input type="checkbox"/> Hispanic (HI) | <input type="checkbox"/> Asian (AS) |
| <input type="checkbox"/> Native American (AI) | |

B. Sex

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

C. Age Group

- | | |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Under 20 | <input type="checkbox"/> 20-29 |
| <input type="checkbox"/> 30-39 | <input type="checkbox"/> 40-49 |
| <input type="checkbox"/> 50-59 | <input type="checkbox"/> 60-69 |

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. | <input type="checkbox"/> I am not a veteran. |
| <input type="checkbox"/> I am a spouse of a permanently disabled veteran. | <input type="checkbox"/> I am the spouse of an Active duty Armed Forces member who is missing in action. |

E. Are you disabled? (For definition of "disabled" see next page.)

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

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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.

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CITY OF WILLCOX
101 South Railroad Ave Suite B, Willcox, AZ 85643
520/384-4271 ext. 308 (voice) 520/384-2590 (fax)

PERMISSION TO PERFORM BACKGROUND CHECK

I hereby allow the City of Willcox to perform a check on my background, including:

- criminal record
- driving record
- past employment history
- personal references
- past volunteer experience

As appropriate for the position(s) in which I expressed an interest.

I understand that a background check will be required of all applicants prior to consideration for employment with the City of Willcox.

This information is of a confidential nature, and as such will not be shared with any other personnel except for those directly involved in the hiring for this specific position.

Signed _____ Date _____

Printed full name _____ SSN _____ - _____ - _____

DOB ____ - ____ - ____ Drivers License Number _____ State _____

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