



**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) 384-4271**  
**Extension: #4204**

<b>Position Desired</b>			
<b>Position Title:</b>			
<b>Job Announcement Number:</b>			
<b>This Position is Considered:</b>		<b>Full Time</b>	<b>Part Time</b>
<input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt	<b>Seasonal</b>	<b>Weekends</b>
			<b>Temporary</b>
			<b>Shifts</b>
<b>When would you be available to start work?</b>			
<b>Personal Data</b>			
<b>Name:</b>			
<b>Address:</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>Are you legally authorized to work in the United States?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Have you ever worked or volunteered for the City of Willcox?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<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 Willcox?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Explain:</b>			
<b>Driver's License No. &amp; State:</b>		<b>Class:</b>	<b>Expiration:</b>
<b>CDL No. &amp; State:</b>		<b>Class:</b>	<b>Expiration:</b>
<b>Have you been arrested or charged with any offense within the past 5 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, were you ever convicted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, state when, where, and disposition of case.</b>			
<b>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.)</b>			

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Education				
<b>Do you have a High School Diploma?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, give name and place of school of graduation:</b>				
<b>Do you have a G.E.D. certificate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>College(s) or University Name and Location</b>	<b>Major</b>	<b>Degree</b>	<b>Date</b>	
<b>Business/Vocational/Technical Schools Name and Location</b>	<b>Course of Study</b>		<b>Diploma &amp; Date</b>	
<b>List License (date &amp; #), professional registrations (date), certificates and professional memberships:</b>				
<b>List Honors, Awards, Fellowships:</b>				
Skills Overview				
<b>Approximate Typing Speed in words per minute:</b>				
<b>List computer software with which you are familiar:</b>				
<b>Fluent in a language other than 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>				
References:				
<b>Give name, address and telephone number of three references who are not related to you.</b>				

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

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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:			
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:			
Starting Salary:		Ending:	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:			
Starting Salary:		Ending:	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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APPLICANT INFORMATION SURVEY

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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.

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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) |  |

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B. Sex

- Male (M)  Female (F)

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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 |

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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. |

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

- Yes  No
-

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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.

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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 \_\_\_\_\_