

Mayor
Robin Boyd
21 Williamson Ave.
Winslow, AZ 86047

Phone (928) 289-2422
Fax (928) 289-3742
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Council Members
Peter Cake
Thomas Chacon, Sr.
Judy Howell.
Marsha Juergens
Marshall Losey
Harold Soehner

Discover Winslow - A City in Motion

Dear Applicant:

Please read the following instructions carefully before filling out your application. **ANY APPLICATION NOT COMPLETED PROPERLY OR NOT SUBMITTED BY THE CLOSING DATE WILL BE REJECTED.**

1. Applications must be fully completed in black ink, signed, and dated.
2. You must respond to all items on the application form. Do not write "SEE RESUME" in the application spaces regarding employment history. Although it may be to your benefit to submit a resume, a resume cannot be accepted in lieu of an application. Your resume may be attached to the completed application form. Also, any additional materials (i.e., reference and award letters etc.) may also be attached to the completed application form.
3. Return all applications and additional materials to the City of Winslow Human Resources Department by 4:30 p.m. on the closing date shown on the job announcement. If no closing date is shown all applications and additional materials must be returned as soon as possible, as positions are open until filled.
4. If you are not selected for an interview or appointment, your application will remain on file for six months from the date it was submitted. However, should another advertised opening occur, your application will not be reviewed unless you notify the Human Resources Department (928) 289-2422 and request that your application be considered for the alternative position. Your application may be updated every six months by calling the Human Resources Department and requesting that it be updated.
5. You must complete all applicable forms for Pre-Employment drug testing.



CITY OF WINSLOW APPLICATION FOR EMPLOYMENT

Human Resources Department
21 Williamson Avenue
Winslow, Arizona 86047
(928) 289-2422

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legal protected status.

1. GENERAL INFORMATION (Please Print)

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s) Home:	Mobile:	Email Address:	

POLICE POSITIONS ONLY			
Are you a U.S. Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you Age 21 or over?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

On what date would you be available for work?	_____
Are you available to work:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently hold an Arizona Drivers License?	<input type="checkbox"/> Yes <input type="checkbox"/> No Drivers License No.: _____
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Conviction will not necessarily disqualify an applicant from employment.</i>	
If Yes, please explain _____	

Have you ever been terminated or forced to resign due to misconduct or unsatisfactory service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain _____	

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

3. EMPLOYMENT EXPEREIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Your qualifications will be evaluated on the basis of the information provided on this application. You may attach a separate sheet if additional space is needed or to include applicable experience.

Resumes may not be substituted for the required information.

Position Title: _____ Employment Dates: _____ To _____
Employer: _____ Phone No. : _____
Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ May we contact your present employer? _____
Annual Salary: _____ Hours per week: _____ Number of employees supervised: _____
Primary Job Duties: _____

Total Time Worked _____ Years _____ Months
Reason for leaving: _____

Position Title: _____ Employment Dates: _____ To _____
Employer: _____ Phone No. : _____
Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ May we contact your present employer? _____
Annual Salary: _____ Hours per week: _____ Number of employees supervised: _____
Primary Job Duties: _____

Total Time Worked _____ Years _____ Months
Reason for leaving: _____

Position Title: _____ Employment Dates: _____ To _____
Employer: _____ Phone No. : _____
Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ May we contact your present employer? _____
Annual Salary: _____ Hours per week: _____ Number of employees supervised: _____
Primary Job Duties: _____

Total Time Worked _____ Years _____ Months
Reason for leaving: _____

Position Title: _____ Employment Dates: _____ To _____
Employer: _____ Phone No. : _____
Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ May we contact your present employer? _____
Annual Salary: _____ Hours per week: _____ Number of employees supervised: _____
Primary Job Duties: _____

Total Time Worked _____ Years _____ Months
Reason for leaving: _____

4. REFERENCES

Name	Address	Phone Number
1.		
2.		
3.		
4.		

5. APPLICANT'S STATEMENT

By signing this application, I certify that all information on this form is true to the best of my knowledge, and any omissions or misstatements of facts may be cause for rejection or this application or discharge from City service. I also authorize the City of Winslow Human Resources Department or its designee, to make all necessary and appropriate investigations allowable by law to verify the information concerning my employment. It shall be my responsibility to keep the City of Winslow Human Resources Department advised of any changes of address or phone numbers.

This application for employment shall be considered active for a period of six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Test Consent and Release of Medical Information

Test Type

- Pre-Employment Test**
- Random Test**
- Reasonable Cause Test**
- Follow-Up Test**
- Post Accident Test**
- Return-to-Duty Test**

Print Name

Social Security Number

Department

Date

-
1. I consent to be tested for the presence of prohibited or controlled substances as required by City Policy.
 2. I hereby authorize to release of the results of this test to the authorized representatives of the City, its employees, supervisory personnel, and those contractors and subcontractors who have been determined by the City to have a need to know this information.
 3. I understand that this information will be used for the purposes of determining compliance with the City's policies.
 4. This authorization shall remain valid through completion of any arbitration, hearing, or any other legal proceeding whatsoever concerning the actions over which this release is executed.
 5. I understand that I have the right to receive a copy of this authorization.

Dated

Signature

Dated

Signature

INVITATION TO SELF IDENTITY

City of Winslow is accordance with Title 41 Code of Federal Regulations Chapter 60-1.40; 60-2.21(b)(4); 60-741.5(c)(1); and Arizona Revised statutes 41-1463, invites all applicants or employees to complete the information listed below. This information will be of valuable voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be treated in a highly confidential manner and will be used to assist the City of Winslow in the proper and safe placement of al employees including the reasonable accommodation of an individual with a disability. Thank you for your cooperation and assistance.

NAME: _____

TODAY'S DATE: ____/____/____

POSITION: _____

DEPARTMENT: _____

Gender: Female _____ Male _____

RACE/ETHNICITY:

- WHITE:** (not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
- AMERICAN INDIAN or ALASKAN NATIVE:** All persons having origins in any of the original peoples of North American and who maintain cultural identification through tribal affiliation or community identification.
- BLACK:** (not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.
- ASIAN OR PACIFIC ISLANDER:** All persons having origins in any of the peoples of the Far East, Southeast, Asia, the Indian subcontinent or the Pacific Islands.

DISABILITY STATUS:

- INDIVIDUAL WITH A DISABILITY** – An individual with a disability means any person who (1) has a physical or mental impairment substantially limits one or more of an individual’s major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment. An individual is “substantially limited” if the disability results in (1) the inability to perform a major life activity that a person without a disability can perform, (2) a significant restriction on the condition, manner, or duration under which the activity can be performed as compared with the ability of a person without that disability, (3) a significant restriction on the person’s ability to perform either a class or broad range of jobs as compared with a person having comparable skills, training or ability. Please specify any accommodations, which would allow you to participate in the interview process, or contact the Human Resources Department at (928) 289-1316.

VETERAN STATUS:

- VETERAN:** A citizen of the United States regularly enlisted, drafted, inducted or commissioned who was accepted for an assigned to active duty in the armed forces of the United states.
- SPECIAL DISABLED VETERAN/DISABLED VIETNAM VETERAN:** According to the Amendments to the Vietnam Era Veterans readjustment Assistance Act of 1974, a special disabled veteran is a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veteran’s Administration for a disability rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under section 1506 of this title to have a serious employment handicap, or a person who was discharged or released from active duty because of service connected disability. Please specify any accommodations, which would allow you to do your job properly and safely, or contact the Human Resources Department at (928) 289-1316.
- VETERAN OF THE VIETNAM ERA:** A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was discharged or released there from with other than a dishonorable discharge, or discharged released from active duty for a service connected disability during the same period.

APPLICANT NOTIFICATION OF PUBLIC RECORD ACCESS: Due to recent Arizona Supreme Court Decision, applications received from applicants for jobs in the public sector become public records if the applicant is chosen for an interview. Current Arizona Statutes provide that public records are required to be made available during normal business hours to any person requesting access to them; including the news media. However, this self-identification form and the information you provide on it is not subject to this public record statute.

Please return this form to the Human Resources Department:

City of Winslow
21 Williamson Avenue
Winslow, Arizona 86047-3700