



# CITY OF EL MIRAGE

Human Resources Department  
 14406 N. Alto Street, El Mirage, AZ 85335  
 MAILING ADDRESS: 12145 NW Grand Ave, El Mirage, AZ 85335  
 Website: [www.cityofelmirage.org](http://www.cityofelmirage.org)  
 623-876-2946 (Office); 623-876-4604 (Facsimile); 623-933-3258 (TDD)

HR USE ONLY	
EMP PREF.	
T&E	
ELIGIBLE – NOT ELIGIBLE	
DATE INACTIVE	

## EMPLOYMENT APPLICATION

All requested information must be furnished. The information you provide will determine whether you are eligible for the position or further examination process. All information contained on the application is subject to verification. Any omission, misstatement or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from City service. Applications will be accepted only when positions are open.

### GENERAL INFORMATION (Please type or print legibly with ink)

<b>POSITION APPLYING FOR:</b>			
Name	Last	First	M
Address	Street	City/State	Zip
Phone	Home	Cell	Work
Email			

### POLICE POSITIONS ONLY

Are you a U.S. citizen?  Yes  No      Are you 21 or over?  Yes  No

Are you currently a City of El Mirage employee?      Yes      No  
 Are any of your relatives (to include by marriage) employed by the City of El Mirage or serve in an appointed or voluntary capacity with the City of El Mirage?      Yes      No  
 If yes, please indicate name, position and relationship to you:

Have you ever been convicted of a felony; or, during the past ten (10) years have you ever been convicted of a misdemeanor (other than minor/civil traffic offenses)? **Note:** Reckless operation, hit- and-run, driving under the influence, excessive speeding, and similar charges are not considered minor traffic offenses. *A conviction does not automatically disqualify your application from consideration.* Be sure to include this information as failure to report convictions may result in disqualification from new or continued employment.

Yes      No      If yes, give details, including charges, dates, and jurisdiction (court, city, county, and state).

Have you ever been suspended, terminated or forced to resign due to misconduct or unsatisfactory service?  
 Yes      No      If yes, please explain the circumstances:

<p><b>WORK STATUS</b> (Check all that apply)</p> <p><b>Regular</b>      <b>Temporary</b></p> <p><input type="checkbox"/> Full-Time    <input type="checkbox"/> Part-Time      <input type="checkbox"/> Full-Time</p> <p><input type="checkbox"/> Day Shift 8:00 a.m. – 5:00 p.m. only    <input type="checkbox"/> Part-Time</p> <p><input type="checkbox"/> Evenings    <input type="checkbox"/> Nights    <input type="checkbox"/> Rotating</p> <p>If selected, date available for work: _____</p> <p>Salary Requirements: _____</p>	<p>Do you have the legal right to work in th U.S. ?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If yes, you will need to show proof of work eligibility to be employed.</p> <p>If position requires driving a City owned vehicle, please indicate your drivers license type, state and license number:</p> <p>_____</p> <p>_____</p>
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**AN EQUAL OPPORTUNITY EMPLOYER**

**EDUCATION, TRAINING AND SKILLS**

High School (Indicate name and location of high school attended)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Successful completion of High School Equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED If no, identify highest grade completed:
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COLLEGE/UNIVERSITY/TRADE SCHOOL	CITY/STATE	DATES OF ATTENDANCE	DEGREE COMPLETED	# OF CREDITS	MAJOR	MINOR

List Professional Certificates, Licenses or Memberships.

List any specialized training you may have received that relates to this position (include number of hours and course content).

List any equipment that you are able to operate that relates to this position.

Language Proficiency (other than English)	Special skills related to the position for which you are applying, i.e. computer skills (software used), typing (indicate speed), etc.												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 30%;">LANGUAGE</th> <th style="width: 15%;">SPEAK</th> <th style="width: 15%;">READ</th> <th style="width: 15%;">WRITE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	LANGUAGE	SPEAK	READ	WRITE									
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Provide three (3) professional references that are familiar with your work, other than direct supervisors. Include full name, address and phone number

After reviewing the job description, do you understand the job requirements for the position you are applying for?  
 Yes  No

Do you currently have the ability to perform all the essential functions of the position you are applying for with or without reasonable accommodations?  Yes  No

**EMPLOYMENT HISTORY**

You may make copies and use as many of these sheets as necessary to continue your employment history. Begin with your present or most recent position . List all jobs, paid or volunteer over the past ten years . **Resumes may NOT be substituted for the requested information. DO NOT** write “See Resume” in the spaces below. Photocopy this page if additional space is required to complete a ten year employment history.

Employer Name:	Position Title	
Address:	Starting Salary:	Ending Salary:
City/State/Zip:	Dates Employed: From: _____ To: _____	
Phone #:	Supervisor’s Name/Position:	
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Time Worked:	Years _____ Months _____
Duties & Responsibilities:		
Reason for Leaving:		
Employer Name:	Position Title	
Address:	Starting Salary:	Ending Salary:
City/State/Zip:	Dates Employed: From: _____ To: _____	
Phone #:	Supervisor’s Name/Position:	
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Time Worked:	Years _____ Months _____
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May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Time Worked:	Years _____ Months _____
Duties & Responsibilities:		
Reason for Leaving:		

**CERTIFICATION AND AGREEMENT**

By signing this application, I certify that the information on this form is true and complete to the best of my knowledge. Omissions or misstatements of facts may be cause for rejection of this application or dismissal from City service in the event of my employment. I authorize the City of El Mirage to make all necessary and appropriate investigations to verify the information concerning my employment. It is my responsibility to keep the Human Resources Department advised about any changes of address or phone number.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

# THE CITY OF EL MIRAGE EMPLOYMENT INFORMATION

**EQUAL EMPLOYMENT OPPORTUNITY:** All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, disability, veteran status or marital status. When advised reasonable accommodations will be made in order for an "otherwise qualified applicant" with a disability to participate in any phase of the recruitment process. Please contact Human Resources to request an accommodation.

**HOW TO APPLY:** Applications are accepted only for announced vacancies. Applications, and any required supplemental information, must be submitted on or before the closing date specified on the bulletin. Resumes may be submitted with the application, but are not accepted in lieu of a City application.

**APPOINTMENT AND PROMOTION:** Employment shall be based upon merit and ability and free of unlawful and political considerations. Promotional opportunities are limited to City employees who meet the necessary requirements.

**EMPLOYMENT BACKGROUNDS:** Employment background checks shall be conducted on all candidates hired to positions with the City. The employment background checks can include but not limited to criminal history, employment-education verification and/or fingerprint identification.

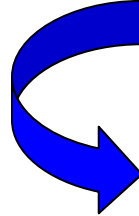
**MEDICAL EXAMINATIONS:** The City designated physician, through medical examinations, determines the fitness of individuals selected for employment for certain positions.

**PROBATION:** An established probation period must be satisfactorily served by each employee.

**EMPLOYMENT ELIGIBILITY VERIFICATION:** The City of El Mirage will require documentation of the legal right to work in the United States as required by the Immigration Reform and Control Act upon hire.

**SMOKE FREE ARIZONA ACT:** The City of El Mirage is a non-smoking environment in accordance with the Smoke-Free Arizona Act.

## THE CITY BENEFIT PROGRAM INCLUDES THE FOLLOWING



- ◆ 10 days annual paid vacation
- ◆ 11 paid holidays annually
- ◆ Sick Leave
- ◆ Health and dental insurance
- ◆ Life Insurance
- ◆ Long Term Disability
- ◆ Supplemental Insurance Programs
- ◆ Wellness Program
- ◆ Retirement Program
- ◆ Deferred Compensation
- ◆ Tuition Reimbursement
- ◆ Flexible Spending Program
- ◆ Other optional benefits
- ◆ Free Parking

*Information contained herein is subject to change and does not constitute an expressed or implied contract. Any provision contained in this bulletin may be modified or revoked without notice.*

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