

**Mayor**  
Allan Affeldt

(928) 289-2422  
Fax (928) 289-3742  
TDD (928) 289-4784



**Discover Winslow-A City in Motion**

**Council Members**  
Robin R. Boyd  
Sue Bumpus  
Peter Cake  
Judy Howell  
Stephanie L. Lugo  
Harold Soehner

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. **Incomplete applications will not be considered.** 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:	

<b>POLICE POSITIONS ONLY</b>		
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 EXPERIENCE**

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



# CITY OF WINSLOW CONSENT AND DISCLOSURE FORM

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

## Applicant Release

I understand an investigative report may be generated on me which may include obtaining information regarding, among other items, my work habits, performance and experience, along with reasons for termination of past employment, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, consumer report (credit report), military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the U.S. Citizenship & Immigration Service) subject to state and federal law. I fully understand that the City of Winslow, may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for the City of Winslow to do so. I certify that all information provided below is true and complete to the best of my knowledge.

- I hereby consent to this investigation and authorize, without reservation, any one contacted by the City of Winslow to furnish the information as stated above.
- I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original.
- I hereby authorize, without reservation the City of Winslow to contact my present employer for employment verification and/or references.
- I understand that before I am denied employment based, in whole or part, on information obtained in the consumer report, I will be provided a copy of the report and a description in writing of my rights under the FCRA.

Date: \_\_\_\_\_

Applicant's Signature

Phone

Is person under 18 years of age?  No  Yes If yes, parental or legal guardian consent is required.

\_\_\_\_\_  
(required, if person to be investigated is under 18 years of age)  
Signature of Parent or Legal Guardian

Printed Name ( First Name)

(Middle Name)

(Last Name, Suffix)

Maiden Name/Other Names Used

Social Security Number

*(A Social Security Number is required for a criminal background check. However, it is optional for all other pre-employment screenings. Your Social Security number will only be used in order to confirm your identity for purposes of completing accurate background investigation.)*

Date of Birth: \_\_\_\_\_

*The Age Discrimination in Employment Act of 1967 and the Arizona Civil Rights Act prohibit discrimination on the basis of age with respect to individuals who are at least 40 years of age. Your date of birth is required on this form in order in confirm your identity for purposes of completing an accurate background investigation, and is not provided to the hiring official for any purpose in connection with consideration of your application for employment.*

Have you ever been convicted of (or plea bargained to) a felony criminal charge?  No  Yes

*Note: A prior conviction will not necessarily disqualify you from employment. However, failure to disclose criminal conviction information is an omission of material fact and may lead to the rescission of any conditional offer of employment or termination of an employee's employment with the City of Winslow.*

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If yes, list the nature of the conviction, jurisdiction and terms of sentencing and disposition of the case (attach page if necessary):

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**Home Address**

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**City, State, Zip**

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**Driver's License Number** (Required for Motor Vehicle Division Reports)

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**State of Issue**

*Applicants Only: I have the right to make a written request to the consumer reporting agency to provide me with a complete and accurate disclosure of the nature and scope of the consumer report.*

**FAIR CREDIT REPORTING ACT, DRIVER'S PRIVACY PROTECTION ACT, AND ANY APPLICABLE STATE STATUE(S) NOTICE:**

In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. The report that will be generated for employment purposes only and in compliance with the Fair Credit Reporting Act, the Driver's Protection Act, and any applicable state statue(s).

## Test Consent and Release of Medical Information

### Test Type

- |  |  |
|--|--|
| <input type="checkbox"/> Pre-Employment Test   | <input type="checkbox"/> Follow-Up Test      |
| <input type="checkbox"/> Random Test           | <input type="checkbox"/> Post Accident Test  |
| <input type="checkbox"/> Reasonable Cause Test | <input type="checkbox"/> 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: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_

TODAY'S DATE: \_\_\_/\_\_\_/\_\_\_

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