



TYPE OR PRINT IN INK

# APPLICATION FOR EMPLOYMENT

CITY OF YUMA, ARIZONA  
 HOUSING AUTHORITY (HACY)  
 420 S. Madison Ave  
 YUMA, ARIZONA 85364  
 (928) 782-3823 • FAX (928) 376-0399

FOR HUMAN RESOURCES USE ONLY

1. POSITION TITLE \_\_\_\_\_

2. NAME \_\_\_\_\_  
 \_\_\_\_\_  
 First Middle Last

3. PHONE \_\_\_\_\_  
 Home \_\_\_\_\_ Message \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_

4. SOCIAL SECURITY # \_\_\_\_\_

5. MAILING ADDRESS \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. RESIDENCE ADDRESS\* \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

	Yes	No		Yes	No
7. Are you authorized to work in the United States?  Alien Registration Receipt Card Form No. _____			10. Do you have the ability to perform the essential duties of this position with or without reasonable accommodations?		
8. Have you ever worked for City of Yuma?  Date: _____ Department _____ From - To _____			11. Have you been convicted of a felony within the last 5 years? If yes, explain. (will not necessarily exclude you from consideration)		
9. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while an investigation of your behavior was pending? You must answer "YES" even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer "YES" you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination on line 13 below.	*				

\*12. \*\*"Yes" answer in item 9 is not necessarily disqualifying, but will be considered individually and should be explained fully:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Graduate? Yes  No  GED?  Yes  No

Jr. College or Trade School	Major Field	Years Completed	Credit Hours Completed
		Degree	
College or University	Major	Years Completed	Credit Hours Completed
	Minor	Degree	
Graduate Work — College or University	Major Field	Years Completed	Credit Hours Completed
		Degree	

14. Indicate the type of appointment(s) you will accept.  
 A.  Full-time Position B.  Temporary/On-Call/Recurrent Position C.  Part-time Position

15. Indicate your availability for the following: A.  Day B.  Shifts C.  Weekends D.  Nights

16. For non-exempt positions, are you willing to work overtime?  Yes  No

17. List any Departments for which you do NOT wish to be considered: \_\_\_\_\_

18. How did you learn about this position? A.  State Employment Office B.  City Employee C.  Bulletin Board  
 D.  Newspaper: List name of Newspaper: \_\_\_\_\_ E.  Other: \_\_\_\_\_

**The City of Yuma does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability.**

19. Beginning with your current or most recent employer, list all the positions you have held. This can include related volunteer work. You **MUST** provide **ALL** requested information for each employer section you complete below. Failure to provide all requested information, i.e. employment dates, hours worked per week, total months worked, complete address, phone, supervisor, etc., may render your application ineligible for further consideration or loss of credit towards related work experience. This section must be fully completed even if you've previously applied for other City positions or have attached a resume.

A.	From (Mo./Day/Yr.)	Title of Your Present Position	Company Name		Phone	Name and Title of Immediate Supervisor	
	To (Mo./Day/Yr.)		Type of Business		Why did you leave or do you want to leave?		
Total Mos. Worked		Number and Street			Are you employed by this company now? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Hours Worked Per Week		City	State	Zip	If "Yes," may we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Describe each major function you performed and the approximate % of time spent at each function (not to exceed 100%):


HRUSE ONLY							

B.	From (Mo./Day/Yr.)	Title of Your Present Position	Company Name		Phone	Name and Title of Immediate Supervisor	
	To (Mo./Day/Yr.)		Type of Business		Why did you leave or do you want to leave?		
Total Mos. Worked		Number and Street			Name and Title of Immediate Supervisor		
Hours Worked Per Week		City	State	Zip	Why did you leave or do you want to leave?		

Describe each major function you performed and the approximate % of time spent at each function (not to exceed 100%):


HRUSE ONLY							

C.	From (Mo./Day/Yr.)	Title of Your Present Position	Company Name		Phone	Name and Title of Immediate Supervisor	
	To (Mo./Day/Yr.)		Type of Business		Why did you leave or do you want to leave?		
Total Mos. Worked		Number and Street			Name and Title of Immediate Supervisor		
Hours Worked Per Week		City	State	Zip	Why did you leave or do you want to leave?		

Describe each major function you performed and the approximate % of time spent at each function (not to exceed 100%):


HRUSE ONLY							

D. From (Mo./Day/Yr.)	Title of Your Present Position	Company Name	Phone
To (Mo./Day/Yr.)		Type of Business	
Total Mos. Worked	Number and Street	Name and Title of Immediate Supervisor	
Hours Worked Per Week	City	State	Zip
Why did you leave or do you want to leave?			

Describe each major function you performed and the approximate % of time spent at each function (not to exceed 100%):


HR USE ONLY			

E. From (Mo./Day/Yr.)	Title of Your Present Position	Company Name	Phone
To (Mo./Day/Yr.)		Type of Business	
Total Mos. Worked	Number and Street	Name and Title of Immediate Supervisor	
Hours Worked Per Week	City	State	Zip
Why did you leave or do you want to leave?			

Describe each major function you performed and the approximate % of time spent at each function (not to exceed 100%):


HR USE ONLY			

F. From (Mo./Day/Yr.)	Title of Your Present Position	Company Name	Phone
To (Mo./Day/Yr.)		Type of Business	
Total Mos. Worked	Number and Street	Name and Title of Immediate Supervisor	
Hours Worked Per Week	City	State	Zip
Why did you leave or do you want to leave?			

Describe each major function you performed and the approximate % of time spent at each function (not to exceed 100%):


HR USE ONLY			

20. Are you bilingual?  Yes  No If yes, language \_\_\_\_\_ Bilingual proficiency:  
Speak Fluently?  Yes  No Write Fluently?  Yes  No

21. For employment verification purposes, list any other names under which you have ever worked: (i.e. maiden name) \_\_\_\_\_  
\_\_\_\_\_

22. Do you have a current, valid drivers license? \_\_\_\_ Yes \_\_\_\_ No. If you possess a Commercial Drivers License or Permit, please attach a copy.  
Class \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

23. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body or by your current or any previous employer? If you answer "YES" you must provide the name, address and telephone number of the employer or licensing body and a statement of the accusations against you. \_\_\_\_ YES/ \_\_\_\_ NO.

Explanation: \_\_\_\_\_

24. Use this space for additional remarks, license or certificate numbers, special skills, etc., and for other courses, training or education specifically required on the job announcement, and for explanation of other items. \_\_\_\_\_  
\_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING:**

25. I agree that the HACY has the right to withhold from my pay any money owed to HACY for uniforms, equipment or HACY property upon my separation from HACY.

26. CERTIFICATE OF APPLICANT: I certify that all statements made in this application and any supplemental application materials are true and complete to the best of my knowledge. I understand that any misrepresentations, or false statements, or omissions of material facts will subject me to disqualification or dismissal. I further understand and AUTHORIZE you to verify this information with any previous employers, references, and/or any educational institutions.

27. I agree and understand that any offer of employment from the HACY is contingent upon successfully passing a drug/alcohol screening test and background investigation, which includes the fingerprint criminal history records check. The complete results may not be available for two months or more. I understand that failure to successfully pass the above processing will result in the HACY rescinding any offer of employment or will result in termination of employment. I further agree and understand that if I am employed with the HACY and information is received which would otherwise disqualify me from employment, I will be subject to disqualification and dismissal from employment with the HACY.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NOTE: FAILURE TO ACCEPT A JOB OR APPEAR FOR AN INTERVIEW MAY RESULT IN REMOVAL OF YOUR NAME FROM THE ELIGIBLE LIST.**

**Important Notice to Applicants**

In accordance with the Americans with Disabilities Act (ADA) and Section 504, the HACY does not discriminate on the basis of disability in the admission or access to, treatment or employment in its programs, activities, or services. For information regarding rights and provisions of the ADA or section 504, or to request reasonable accommodations for participation in City programs, activities, or services, contact the Administration Department, 420 S. Madison Ave, Yuma, Arizona 85364 (928) 782-3823. Such accommodations must be requested as soon as reasonably possible in order for arrangements to be made.

Applications are accepted only for jobs that are in the open recruitment process. Your original applications must be filed in the Human Resources Department no later than the closing date listed on the job announcement. You may apply for as many jobs as you are interested in and for which you meet the minimum qualifications. Resumes without an application will only be accepted for Professional Recruitments advertised as such.

The recruitment procedures which will be used are listed on the job announcement. If not specified on the job announcement, you will be notified by phone or mail of when and where the examination (if any) will be given. You will be notified by mail whether or not your name was placed on the eligible list. If your name is certified to a department for employment consideration when an opening occurs, you MAY be contacted for an interview. The department notifies applicants for employment interviews, and then notifies the person to whom they offer a job. You should wait until a department contacts you. Unless otherwise notified, applications will stay on file up to one (1) year.

**\*\*\*PLEASE NOTE THAT WE ARE UNABLE TO PROVIDE PHOTOCOPIES OF APPLICATIONS, RESUMES OR OTHER MATERIALS\*\*\***