CITY OF SCOTTSDALE - Employment Application

The City of Scottsdale Promotes a Drug and Alcohol Free Workplace We are an Equal Opportunity/Reasonable Accommodation Employer

Your signed application can only be accepted in hard copy form. Please mail or bring your completed application to:
City of Scottsdale Human Resources - 7575 E. Main St., Scottsdale, AZ 85251 - (480) 312-2491

- Do not change the format or layout of this form.
- Print neatly in ink or type.
- Answer all questions completely.
- Complete and include all supplemental forms.
- Read all information/disclaimer on this application.
- Sign this application and all other forms.
- If you have any questions or problem, please request assistance.

Position Desired						
Position Applied For: *Solid Waste Laborer -- Part-time*						
Job Posting No: *4020*	**Salary Requirements:**					
Please check the shift(s) you are interested in:		**Full Time**		**Part Time**		**Rotation (all shifts)**
		Nights		**Temporary**		**Weekends**

Personal Data			
Name:			
Address:			
City:		**State:**	**Zip:**
Phone	**Home:** ( ) -	**Office:** ( ) -	**Message:** ( ) -
Are you a U.S. citizen? _____ Yes _____ No			
Are you over age 18? _____ Yes _____ No If no, please give age:			
Have you ever worked or volunteered for the City of Scottsdale? _____ Yes _____ No If yes, please give dates:			
Are any of your relatives employed by the City of Scottsdale? _____ Yes _____ No **Explain:**			
Driver's License No. & State:		**Class:**	**Expiration:**
Commercial Driver's License No. & State:		**Class:**	**Expiration:**
Please list other names you have used:			
Have you ever been discharged, requested or forced to resign from any position for misconduct or unsatisfactory service? **_____ Yes _____ No** **If yes, please explain circumstances:**			

"Crime" as used in this section means any and all felonies, misdemeanors and serious driving offenses, including but not limited to driving while/under the influence of intoxicating liquor or drugs, extreme DUI, reckless driving, aggressive driving, racing/exhibition of speed, leaving the scene of an accident, driving on a suspended, revoked or refused license, or any other driving offence that is a misdemeanor, or for which the possible penalty includes jail time. "Crime" does not include minor (civil) traffic offenses. If you are not sure how to answer this question, please ask for assistance.

"Convicted" means that you have pleaded guilty or nolo contender ("no contest") to a crime and/or have been sentenced for a crime, whether incarcerated, placed on probation, fined or receiving a suspended sentence.

Q: Have you ever been convicted of a crime, regardless of whether the conviction was later set aside or expunged, in any domestic, foreign or military court? Answer by writing "Yes" or "No" _____

Q: Are you presently pending trial or other court proceeding for any crime? Answer by writing "Yes" or "No" _____

If you answer "yes" to either or both of these questions, please give the details of offense(s) for which convicted (or trial pending), date(s) of conviction(s) and jurisdiction(s) (court, city, county & state). If an offense(s) has been set aside or expunged, please give date(s).

Your fingerprints will be sent to state and federal law enforcement agencies (DPS and FBI). All offers of employment or continued employment will be subject to satisfactory review of any criminal convictions you may have. ****NOTE** A criminal conviction(s) does not constitute an automatic bar to employment. Factors including, but not limited to, age at time of offense(s), and the relationship between the offenses(s) and the job(s) for which you have applied will be taken into account. **Your failure to make a full and accurate disclosure of any prior convictions(s), or to answer the questions above fully and accurately, however, will result in the rejections of any pending application or offer for city employment, or termination of city employment, as applicable.**

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Education

Education: Indicate highest grade completed	**Grade School: (1-8)**	**High School: (9-12)**

Did you graduate from High School or do you have a G.E.D.? _____ Yes _____ No	**High School G.P.A.:**

Name of School, College(s) or University	**Major**	**Credit Hours**	**Degree & Year***	**G.P.A.**

***Proof of degrees from College/University obtained will be required upon hire.**

Name of Trade/Technical/Business or Other School(s) Attended	**Course of Study**	**Diploma & Year**

List License (date & #), professional registrations (date), certificates and professional memberships:

List Honors, Awards, Fellowships:

Skills Overview

Approximate Typing Speed in words per minute:	

List computer software with which you are familiar:

Fluent in a language other than English:	**Language(s):**	**Speak:**	**Read:**	**Write:**

Please summarize relevant skills and experience that exemplify your qualifications for the above position:

Summarize Community Services work (paid or volunteer) including dates:

Summarize Leadership roles:

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Employment History			
Current or most recent employer:			**Phone:** ( ) -
Address:			
Your Title:		**Number of workers you directly supervised:**	
Employment Dates	**From:**	**To:**	
Supervisor's name/title:			
Starting Salary:	**Present/Ending:**		**Hours per week:**
Work Performed:			
Reason for leaving or wanting to change:			
May we contact this employer if you are considered for the position? _____ **Yes** _____ **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:**
Work Performed:			
Reason for leaving or wanting to change:			
May we contact this employer if you are considered for the position? _____ **Yes** _____ **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:**
Work Performed:			
Reason for leaving or wanting to change:			
May we contact this employer if you are considered for the position? _____ **Yes** _____ **No**			

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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:**	
Work Performed:			
Reason for leaving or wanting to change:			
May we contact this employer if you are considered for the position? _____ Yes _____ 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:**	
Work Performed:			
Reason for leaving or wanting to change:			
May we contact this employer if you are considered for the position? _____ Yes _____ 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:**	
Work Performed:			
Reason for leaving or wanting to change:			
May we contact this employer if you are considered for the position? _____ Yes _____ No			

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Conditions of Consideration for Employment

All information contained on the application is subject to verification. The City of Scottsdale will conduct background checks including but not limited to, work references, driving records, criminal conviction records and educational attainment. New hires for some City positions may be required to pass a physical examination at the City's expense.

I understand an employment offer is contingent upon successful completion of a pre-employment alcohol/drug test. Applicants testing positive for illegal drugs, unauthorized prescription drugs or alcohol will not be hired by the City. I further understand that any condition which may preclude my ability to perform essential functions of the job and such conditions can not be reasonably accommodated will disqualify me from consideration for employment in the job for which I was examined. I also authorize the City of Scottsdale to conduct future examinations and work-related reviews by a physician and agree to follow any consequent prescribed work restriction, activities, and/or treatment.

I understand that employment with the City of Scottsdale is also contingent upon successful completion of a national background investigation and for relevant positions, a physical examination and polygraph examination.

I understand that specific positions at the City of Scottsdale may require me to provide evidence of an acceptable driving record.

I understand that employment at the City of Scottsdale is "at will" meaning that it may be terminated at any time by either party.

I understand all conditions of employment including but not limited to hours, benefits and salary are subject to change by the City of Scottsdale at any time.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

If employed, I agree to abide by all policies, regulations and guidelines established by the City of Scottsdale.

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. (Americans with Disabilities Act of 1991)

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the City of Scottsdale and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from City service. In addition, I give the City of Scottsdale the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the City of Scottsdale in providing relevant, job related information that will assist in this process. My signature below acknowledges my understanding and agreement with the above.

Signature:	**Date:**

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TO ALL APPLICANTS - EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Instructions: Please print clearly in each category below.

Last Name:	**First Name:**	**M.I.:**
	Phone Number:	
Address:		
City:	**State:**	**Zip:**
Position Applied For: Solid Waste Laborer - Part-time		**Job Posting Number:** 4020

The following information is being collected by the City of Scottsdale Human Resources office for research and federal equal employment opportunity requirements only. Your responses are strictly voluntary and will help in monitoring our affirmative action efforts. If you choose not to answer any of the items, you will not be subject to any adverse effects. However, we urge you to do so and assure you that this form is confidential. It will be separated from your application prior to referral to any City hiring program

Indicate your choice of responses for items A - F by placing an **X** in the appropriate box. If you do not wish to answer the item, please mark the "No response" box.

A. Ethnic Category:

Check only one (definition of categories are below.)

- ☐ White (WH)
- ☐ Hispanic (HI)
- ☐ American Indian (AI)
- ☐ Black (BL)
- ☐ Asian (AS)

B. Sex

- ☐ Male (M)
- ☐ No Response
- ☐ Female (F)

C. Age Group

- ☐ Under 20 (19)
- ☐ 30-39 (30)
- ☐ 50-59 (50)
- ☐ 20-29 (20)
- ☐ 40-49 (40)
- ☐ 60-69 (60)

D. Veteran Status

- ☐ 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. (1)
- ☐ I am a spouse of a permanently disabled veteran. (3)
- ☐ I am not a veteran. (2)
- ☐ I am the spouse of an active duty Armed Forces member who is missing in action. (4)

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

- ☐ Yes (1)
- ☐ No (2)

F. How did you learn of this position?

- ☐ Interest Card (01)
- ☐ Job Bulletin (03)
- ☐ Referral Agency (05)
- ☐ Other (06)
- ☐ Newspaper (02)
- ☐ Job Line (04)
- ☐ City of Scottsdale Internet Site (07)
- ☐ Other Internet Site _____(08)

Human Resources Use Only

Status: | | | | Disposition: | | |

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EQUAL EMPLOYMENT OPPORTUNITY SURVEY DEFINITIONS

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. Native American 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.

Supplemental Application for Commercial Driver's License Positions:

Applicant Name _____ Phone # _____

Social Security # _____ Date of Birth _____

Current Address _____

City _____ State _____ Zip _____

E-mail address _____

A Supplemental questionnaire must be completed and turned in with the job application in order to be considered for a City of Scottsdale position.

1) Do you have a CDL? ____ yes _____ no

2) **A copy of your CDL medical certification and your commercial driver's license must be included with the application to be considered for a City of Scottsdale Commercial Driver's License position.**

   a) Have you attached a copy of your medical certification? ____ yes ___ no

   b) Have you attached a copy of your Commercial Driver's License (CDL)? ___ yes ___ no

   c) Have you held a Class D Driver's License for a minimum of one year? ___ yes ____ no

3) What date did you obtain your CDL? _____

4) What kind of CDL do you have? (check one) A ____ or B ____?

5) Please list your CDL number, the issuing state, the number and the expiration date of each unexpired CDL or permit you have held.

   a) CDL Number: _____ CDL Number: _____

   b) Issuing State: _____ Issuing State: _____

   c) Expiration Date: _____ Expiration Date: _____

6) Current employer name: _____

   a) Employer Address: _____

   City _____ State _____ Zip _____

   b) Dates of Employment: From _____ (mm/yr) To _____ (mm/yr)

7) Please list the address(es) where you have resided during the past three years:

   a) Street Number/Name: _____

   City _____ State _____ Zip _____

   b) Street Number/Name: _____

   City _____ State _____ Zip _____

   c) Street Number/Name: _____

   City _____ State _____ Zip _____

8) Describe your experience in the operation of motor vehicles and type of equipment operated as part of your employment. Please indicate how many hours per day you were driving:

9) Please list all motor vehicle accidents that you have been involved in during the past three years. Please specify date, nature of accident and any fatalities and/or personal injuries caused by accident.
   a.

   b.

   c.

10) Have you had any CDL accidents or violations? ____ yes ____ no If so, explain

11) Have you ever been denied a CDL? ___ yes ___ no If so, explain

12) Please detail any denial, revocation, or suspension of any license, permit or privilege to operate a motor vehicle, including dates.

13) List names and addresses and dates of employment of previous employers during the past three years and the reason for leaving. The information provided is in accordance with paragraph (b) (10) of FMCSA CFR Subpart C 391.21.

Company Name: _____
Address: _____
City _____ State _____ Zip _____

Company Name: _____
Address: _____
City _____ State _____ Zip _____

Company Name: _____
Address: _____
City _____ State _____ Zip _____

Applicant's Acknowledgement: _____ Date _____

With my signature above, this certifies that I completed this supplement to the application, and that all entries on it and information in it are true and complete to the best of my knowledge. Further, I **authorize any individual, organization or institution to release any and all information concerning statements made by me, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.**