

Selection Process

Applications and supplements will be reviewed and the most qualified applicants will be placed on an eligibility list. From this list, applicants may be selected to be interviewed by an oral board and/or further testing. If you are invited to a testing process and might require a reasonable accommodation to participate, please advise the Human Resources Office at the time you are contacted. All applicants will be notified of their status by mail. Final selection will be made by the appropriate Department head with the approval of the City Manager.

Please note: Every effort will be made to process your application in a timely manner. The selection process ensures a very thorough review of all applicants to determine those who meet the minimum requirements for this position. Due to the large number of applications received for most positions and the thoroughness of the screening process, the review and response to applications requires up to four weeks to complete. Please wait to hear from us; do not call the Human Resources office to check on the status of your application. You will be notified by mail when the review is completed. If mailing your application through the U.S. Mail, please allow 3+ days for receipt.

Pre-employment or Pre-promotion Requirements:

1. Approval of employment by Department Manager and the City Manager
2. Successful completion of a drug screen (new hires only)
3. Complete set of applicant fingerprints
4. Successful completion of a background investigation including, but not limited to, verification of previous employment, verification of required education, driving record, credit check, AZ Department of Public Safety and Federal Bureau of Investigation criminal histories.
5. If required by the position, passing a scheduled physical examination paid for by the city.
6. Verification of identity and work authorization.

Please Note:

1. If an applicant requires "Reasonable Accommodation" in the testing process, the applicant must submit a "Reasonable Accommodation Request Form" to the Human Resources Office after the job posting closing date and a minimum of five (5) days before the testing process begins.
2. All applications (and supplements) ~~must be signed and~~ must be submitted to the Human Resources Office by the closing date.
3. The City of Bullhead City considers each applicant for City employment only on the basis of his or her qualifications for the job and without regard to race, color, religion, sex, marital status, age, disability, national origin, or any other non-job-related factor.
4. Application must be complete. Failure to fill in every section of the application may result in disqualification for the position.

**CITY OF BULLHEAD CITY
EMPLOYMENT APPLICATION**

*We are an equal opportunity employer
The City of Bullhead City Promotes a Drug and Alcohol Free Workplace*



Please mail or drop off your completed applications:

**CITY OF BULLHEAD CITY
1255 MARINA BOULEVARD
BULLHEAD CITY, AZ 86442
(928) 763-9400**

POSITION APPLIED FOR:

Your signed application can only be accepted in hard copy form. All signatures must be notarized. The City of Bullhead City will Notorize this document for you at no charge.

Print neatly in ink or type.

Answer all questions completely.

Complete and include all supplemental forms.

Include Military experience in employment history.

Read all information/disclaimer on this application.

Sign this application and all other forms.

If you have any questions or problems, request assistance.

CHECK THE SHIFTS YOU ARE INTERESTED IN:				
DAY SHIFT				
FULL TIME		PART TIME	ROTATION	
NIGHT SHIFT		WEEKENDS	TEMPORARY	
PERSONAL DATA				
NAME:				
SOCIAL SECURITY #:				
MAILING ADDRESS:				
CITY:		STATE:		ZIP:
PHONE:	HOME:		MESSAGE:	
ARE YOU A U.S. CITIZEN OR A LEGALLY REGISTERED ALIEN?				YES OR NO
HAVE YOU EVER WORKED OR VOLUNTEERED FOR THE CITY OF BULLHEAD CITY?				YES OR NO
IF YES, GIVE DATES:				
DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THE CITY OF BULLHEAD CITY?				YES OR NO
IF YES, GIVE DEPARTMENT:				
DRIVER'S LICENSE NO. AND STATE:		CLASS:	EXPIRATION:	
CDL NO. AND STATE:		CLASS:	EXPIRATION:	
ENDORSEMENTS:				
LIST OTHER NAMES YOU HAVE USED:				
HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY POSITION?				YES OR NO
IF YES, EXPLAIN CIRCUMSTANCES:				
HAVE YOU EVER BEEN CONVICTED OF A CRIME REGARDLESS OF WHETHER THE CONVICTION WAS LATER SET ASIDE OR EXPUNGED? "CRIME" MEANS ALL FELONIES, MISDEMEANORS AND SERIOUS DRIVING OFFENSE (e.g. DWI/DUI AND RECKLESS DRIVING), BUT DOES NOT INCLUDE MINOR TRAFFIC OFFENSES.				
				YES OR NO
IF YOU ANSWERED YES, GIVE OFFENSE(S) FOR WHICH CONVICTED, DATE OF CONVICTION AND JURISDICTION.				
INDICATE IF EXPUNGED OR SET ASIDE AND GIVE DATE(S).				

EDUCATION											
INDICATE THE HIGHEST GRADE COMPLETED					1 2 3 4 5 6 7 8 9 10 11 12						
DID YOU GRADUATE FROM HIGH SCHOOL OR DO YOU HAVE A G.E.D.						YES OR NO					
NAME OF SCHOOL, COLLEGE OR UNIVERSITY					MAJOR		DEGREE & YEAR			G.P.A.	
NAME OF TRADE OR TECHNICAL SCHOOL					COURSE OF STUDY				DIPLOMA & YEAR		
LIST LICENSES, PROFESSIONAL REGISTRATIONS AND CERTIFICATIONS (INCLUDE DATE AND NO. IF APPLICABLE):											
LIST HONORS, AWARDS AND PROFESSIONAL MEMBERSHIPS:											
SKILLS OVERVIEW											
APPROXIMATE TYPING SPEED IN WORDS PER MINUTE:											
LIST COMPUTER SOFTWARE WITH WHICH YOU ARE FAMILIAR:											
ARE YOU FLUENT IN A LANGUAGE OTHER THAN ENGLISH?					YES OR NO						
LANGUAGE:			SPEAK:		READ:			WRITE:			
SUMMARIZE RELEVANT SKILLS AND EXPERIENCE THAT DEMONSTRATES YOUR QUALIFICATIONS FOR THE ABOVE POSITION:											
SUMMARIZE COMMUNITY SERVICE WORK (PAID OR VOLUNTEER) INCLUDING DATES:											
SUMMARIZE LEADERSHIP ROLES:											

PLEASE PROVIDE THE LAST 10 YEARS EMPLOYMENT HISTORY - ACCOUNT FOR ALL GAPS IN EMPLOYMENT			
EMPLOYER:			PHONE:
ADDRESS:			
YOUR TITLE:		# OF WORKERS YOU DIRECTLY SUPERVISED:	
EMPLOYMENT DATES	FROM:	TO:	
SUPERVISOR'S NAME & TITLE:			
STARTING SALARY:	ENDING SALARY:	HOURS PER WEEK:	
DESCRIPTION OF THE WORK PERFORMED:			
REASON FOR LEAVING OR WANTING TO CHANGE:			
MAY WE CONTACT THIS EMPLOYER IF YOU ARE CONSIDERED FOR THE POSITION?			YES OR NO
EMPLOYER:			PHONE:
ADDRESS:			
YOUR TITLE:		# OF WORKERS YOU DIRECTLY SUPERVISED:	
EMPLOYMENT DATES	FROM:	TO:	
SUPERVISOR'S NAME & TITLE:			
STARTING SALARY:	ENDING SALARY:	HOURS PER WEEK:	
DESCRIPTION OF THE WORK PERFORMED:			
REASON FOR LEAVING OR WANTING TO CHANGE:			
MAY WE CONTACT THIS EMPLOYER IF YOU ARE CONSIDERED FOR THE POSITION?			YES OR NO
EMPLOYER:			PHONE:
ADDRESS:			
YOUR TITLE:		# OF WORKERS YOU DIRECTLY SUPERVISED:	
EMPLOYMENT DATES	FROM:	TO:	
SUPERVISOR'S NAME & TITLE:			
STARTING SALARY:	ENDING SALARY:	HOURS PER WEEK:	
DESCRIPTION OF THE WORK PERFORMED:			
REASON FOR LEAVING OR WANTING TO CHANGE:			
MAY WE CONTACT THIS EMPLOYER IF YOU ARE CONSIDERED FOR THE POSITION?			YES OR NO
EMPLOYER:			PHONE:
ADDRESS:			
YOUR TITLE:		# OF WORKERS YOU DIRECTLY SUPERVISED:	
EMPLOYMENT DATES	FROM:	TO:	
SUPERVISOR'S NAME & TITLE:			
STARTING SALARY:	ENDING SALARY:	HOURS PER WEEK:	
DESCRIPTION OF THE WORK PERFORMED:			
REASON FOR LEAVING OR WANTING TO CHANGE:			
MAY WE CONTACT THIS EMPLOYER IF YOU ARE CONSIDERED FOR THE POSITION?			YES OR NO

PLEASE PROVIDE THE LAST 10 YEARS EMPLOYMENT HISTORY - ACCOUNT FOR ALL GAPS IN EMPLOYMENT

EMPLOYER:		PHONE:	
ADDRESS:			
YOUR TITLE:		# OF WORKERS YOU DIRECTLY SUPERVISED:	
EMPLOYMENT DATES	FROM:	TO:	
SUPERVISOR'S NAME & TITLE:			
STARTING SALARY:	ENDING SALARY:	HOURS PER WEEK:	
DESCRIPTION OF THE WORK PERFORMED:			
REASON FOR LEAVING OR WANTING TO CHANGE:			
MAY WE CONTACT THIS EMPLOYER IF YOU ARE CONSIDERED FOR THE POSITION?			YES OR NO
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ADDRESS:			
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SUPERVISOR'S NAME & TITLE:			
STARTING SALARY:	ENDING SALARY:	HOURS PER WEEK:	
DESCRIPTION OF THE WORK PERFORMED:			
REASON FOR LEAVING OR WANTING TO CHANGE:			
MAY WE CONTACT THIS EMPLOYER IF YOU ARE CONSIDERED FOR THE POSITION?			YES OR NO

CITY OF BULLHEAD CITY
Request for
AFFIRMATIVE ACTION INFORMATION
EEO STATISTICAL DATA

CONFIDENTIAL - VOLUNTARY

Dear Applicant:

Government agencies at times require periodic reports on gender, ethnicity, disabled, veteran and other protected groups. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY. THIS INFORMATION WILL NOT BECOME A PART OF YOUR EMPLOYMENT APPLICATION OR PERSONNEL FILE IN ANY WAY. YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT ENHANCE OR DETRACT FROM YOUR OPPORTUNITY FOR EMPLOYMENT WITH THE CITY OF BULLHEAD CITY AND WILL BE KEPT CONFIDENTIAL.

Date: _____ Position applied for _____

Under 18 _____ Over 40 _____

Check One: Male _____ Female _____

Check one of the following:

- ☐ Caucasian Includes origins in Europe, North Africa, Middle East: Not of Hispanic origin or East Indian
- ☐ African American Includes origins in any black racial group: Not of Hispanic origin
- ☐ Hispanic Includes origins of Mexican, Puerto Rica, Central or South American, or other Spanish culture
- ☐ Asian or Pacific Islander Includes origins in Far East, Southeast, Asia Pacific Islands, Indian subcontinent (China, Japan, Korea, Philippines, Samoa, Vietnam, India and Pakistan)
- ☐ Native American or Alaskan Native Includes origins in North America and maintains cultural identification through tribal affiliation or community recognition

Check if any of the following are applicable:

_____ Vietnam Era Veteran

_____ Disabled Veteran

_____ Disabled (as defined by the American with Disabilities Act of 1990)

Referred by:

- ☐ Job-Hotline ☐ Relative ☐ Employee ☐ Walk-In ☐ Newspaper ☐ Professional Journal
- ☐ Other _____

PLEASE RETURN THE COMPLETED FORM TO:

CITY OF BULLHEAD CITY
Human Resources Department
1255 Marina Blvd.
Bullhead City, AZ 86443-5733