

CIVIL SERVICE APPLICATION

CITY OF ALLIANCE

The City of Alliance is an Equal Opportunity Employer and provider of ADA services.

POSITION:	DEPARTMENT:
------------------	--------------------

Please submit one application per examination to the address indicated on the exam announcement. Copies are acceptable. Applications lacking sufficient information will not be processed. Please ensure your application is received or postmarked by the closing date, as required by the Civil Service Commission. Please be sure to complete the entire application. Also note that once submitted to a governmental agency, this completed form will be subject to all applicable public records laws.

PLEASE TYPE OR PRINT IN INK

NAME: (Last, First, Middle)	DATE OF BIRTH – Year Not Required
	Month Day

ADDRESS: (Street, City, State, ZIP Code)

HOME PHONE:	ALTERNATE PHONE:	E-MAIL ADDRESS:
--------------------	-------------------------	------------------------

DRIVER'S LICENSE:	LEGAL RIGHT TO WORK IN THE U.S.:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDL ___ CLASS	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREFERENCES

PREFERRED SALARY:	ARE YOU WILLING TO RELOCATE?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

WHAT TYPE OF JOB ARE YOU LOOKING FOR?				
<input type="checkbox"/> Regular	<input type="checkbox"/> Temporary/Seasonal	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Contract

SHIFTS YOU WILL ACCEPT:					
<input type="checkbox"/> Day	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Night	<input type="checkbox"/> Rotating	<input type="checkbox"/> Weekends	<input type="checkbox"/> On Call (as needed)

EDUCATION

HIGH SCHOOL NAME:	LOCATION: (City, State)	DID YOU GRADUATE:
		<input type="checkbox"/> Yes <input type="checkbox"/> No

CHECK YEAR COMPLETED:	OBTAINED GED?
<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No

SCHOOL NAME: (College/University)	LOCATION: (City, State)
--	--------------------------------

CHECK YEAR COMPLETED:	DID YOU GRADUATE?	MAJOR:
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	___ Yes ___ No	

DEGREE RECEIVED:	NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
-------------------------	--

EDUCATION (CONTINUED)

SCHOOL NAME: (College/University)	LOCATION: (City, State)
-----------------------------------	-------------------------

CHECK YEAR COMPLETED:	DID YOU GRADUATE?	MAJOR:
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	___ Yes ___ No	

DEGREE RECEIVED:	NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
------------------	---

SCHOOL NAME: (College/University)	LOCATION: (City, State)
-----------------------------------	-------------------------

CHECK YEAR COMPLETED:	DID YOU GRADUATE?	MAJOR:
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	___ Yes ___ No	

DEGREE RECEIVED:	NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
------------------	---

EMPLOYMENT HISTORY

Please list your work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. **NOTE:** To be considered for employment, you must fill in the information below, accurately and completely. A resume may not be used.

DATES:	EMPLOYER:	POSITION TITLE:
From: To:		

ADDRESS: (Street, City, ZIP Code)

COMPANY URL:	PHONE NUMBER:	SUPERVISOR:
--------------	---------------	-------------

HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER:
		___ Yes ___ No

DUTIES:

REASON FOR LEAVING:

EMPLOYMENT HISTORY (CONTINUED)

DATES: From: To:	EMPLOYER:	POSITION TITLE:
---	------------------	------------------------

ADDRESS: (Street, City, ZIP Code)
--

COMPANY URL:	PHONE NUMBER:	SUPERVISOR:
---------------------	----------------------	--------------------

HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: _____ Yes _____ No
------------------------	----------------	--

DUTIES:

REASON FOR LEAVING:

DATES: From: To:	EMPLOYER:	POSITION TITLE:
---	------------------	------------------------

ADDRESS: (Street, City, ZIP Code)
--

COMPANY URL:	PHONE NUMBER:	SUPERVISOR:
---------------------	----------------------	--------------------

HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: _____ Yes _____ No
------------------------	----------------	--

DUTIES:

REASON FOR LEAVING:

CERTIFICATES AND LICENSES

TYPE:

STATE CERTIFICATION NUMBER (Firefighters Only):

TYPE

LICENSE NUMBER:

ISSUING AGENCY:

SKILLS

OFFICE SKILLS:

COMPUTER SKILLS:

OTHER SKILLS:

LANGUAGE(S):

The purpose of questions 1-6 is to obtain information relevant to employment with the City of Alliance. Responses to these questions are required.

1. Please indicate your county of residence.

2. Summary of Qualifications – In the area below, briefly describe the experience, education, training and other factors that qualify you for the position or examination for which you are applying. Refer to the Minimum Qualifications and any position-specific qualifications posted for this position. If you need additional space, attach an extra sheet to this application.

3. Please list below the specific course work areas at the high school level or beyond relevant to the position for which you are applying. Also indicate the number of courses you have successfully completed in each area. Note: A transcript may not be substituted for this section, although you may be required to submit a transcript.

4. Are you a current City of Alliance employee?
 Yes, I'm a permanent employee
 Yes, I'm a part time employee
 Yes, I'm a temporary, seasonal or project employee
 No, I'm not a City of Alliance employee

5. If you are not a current City of Alliance employee, have you ever been employed by the City of Alliance? (If you are a current City of Alliance employee, please select N/A.)
 Yes No N/A

6. How did you learn about this employment opportunity?
 Indeed.com Facebook City of Alliance Employee Referral
 Twitter Other Job Board

CERTIFICATION

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed, and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the Administration Office, Human Resources, and/or the agency that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

Signature of Applicant: _____

Date: _____

**CITY OF ALLIANCE
EQUAL EMPLOYMENT OPPORTUNITY**

Responses to questions 1-6 are **OPTIONAL**. These questions are included to assist our equal employment opportunity efforts. Providing this information is **VOLUNTARY** and will in no way affect the processing of your application or your being considered for employment. Human Resources will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

Position Applied for:

Date:

Department:

1. OPTIONAL: Gender

Male Female

2. OPTIONAL: Please select your age group.

Under 18 40-54
 18-25 55-69
 26-39 70+

3. OPTIONAL: Race/Ethnicity

- WHITE:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK or AFRICAN AMERICAN:** All persons having origins in any of the Black racial groups of Africa.
- HISPANIC or LATINO:** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.
- ASIAN:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea).
- NATIVE HAWAIIAN or PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands and Samoa).
- AMERICAN INDIAN or ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- OTHER:** Please self define.

4. OPTIONAL: Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?

Yes No

5. OPTIONAL: Have you ever served in the U.S. military or uniformed services?

Yes No

6. OPTIONAL: If you answered "yes" to the previous question, please indicate if one or more of the following apply:

- DISABLED VETERAN:** A person who has a current service-connected disability as determined by the U.S. Department of Veterans Affairs.
- POST 9-11 ERA VETERAN:** A person who served in the military or uniformed services for any period after September 11, 2001.
- GULF WAR ERA VETERAN:** A person who served in the military or uniformed services for any period between August 2, 1990 and September 10, 2001.
- COLD WAR/PEACETIME ERA VETERAN:** A person who served in the military or uniformed services for any period between May 8, 1975 and August 1, 1990.
- VIETNAM ERA VETERAN:** A person who served in the military or uniformed services for any period between August 5, 1964 and May 7, 1975.