

HOW TO APPLY

Applicants must complete and submit an official PAG application form by the final closing date. Faxed or emailed applications will not be accepted. Applications and complete position descriptions are available from:

Pima Association of Governments
177 N. Church Avenue, Suite 405
Tucson, Arizona 85701
(520) 792-1093 or
www.pagnet.org

The standard application form must contain comprehensive and detailed information in order to be properly evaluated; additional material may be submitted with the official form.

Applications and supplemental information will be evaluated to determine each applicant's qualifications. Those applicants' best qualified in terms of relevant education and experience will be invited for an interview. Final appointment will be made by the Executive Director.

(Note: Employment with the Pima Association of Governments is contingent upon continuing receipt of planning or program support from federal, state and local funding agencies.)

EMPLOYEE BENEFITS (Full-Time, Regular Employees):

HEALTH AND DENTAL INSURANCE: Several plans are available for both health and dental care.

PAID TIME OFF (PTO): 19 days first year, increasing by years of service

HOLIDAYS: Eleven (11) paid holidays.

CREDIT UNION: Full-service, including savings, checking and loans.

RETIREMENT: Arizona State Retirement System; ICMA/RC Deferred Compensation

(These benefits are currently in effect, but are subject to change.)

PAG is an Equal Opportunity/Affirmative Action

Employer (M/F/H)

APPLICATION FOR EMPLOYMENT	PIMA ASSOCIATION OF GOVERNMENTS 177 N. Church Ave. #405 Tucson, AZ 85701 An Equal Opportunity Employer	PLEASE TYPE OR PRINT CLEARLY IN INK
-------------------------------	--	--

POSITION APPLIED FOR:

NAME: (LAST) (FIRST) (MIDDLE)

ADDRESS:	CITY	STATE	ZIP
----------	------	-------	-----

HOME PHONE:	BUSINESS or MESSAGE PHONE
-------------	------------------------------

INSTRUCTION TO APPLICANT: All requested information must be furnished. If an item does not apply to you, write "NA" for Not Applicable. If more space is needed, please attach additional sheets, indicating your name and the section of the application which is being continued. All information is subject to verification.

EDUCATION AND TRAINING

Did you receive a high school diploma? YES NO G.E.D

School Name	Major Studies	Units Completed/Degree

Trade, Technical, Business, Correspondence or Other School or Training:	Courses:

Check yes or no. If "yes" is checked for any item, give details in space provided below:
 Have you ever been convicted of any crime? YES NO
 If so, when, where and what was the disposition of the case? (Conviction of a crime will not necessarily be an absolute bar to employment.)

Have you ever been discharged or requested or forced to resign from any position for misconduct or unsatisfactory service?
 YES NO

Do you have any physical defects, disabilities, illnesses or injuries that would prevent you from performing the essential functions of this position with or without accommodation?
 YES NO

NOTE: The Immigration Reform and Control Act of 1986 makes it illegal for employers to hire individuals not authorized to work in the United States. Compliance with the Act requires verification of the employee's identity and eligibility to work in this country.

EXPERIENCE: (Attach additional pages if needed) List all experience, paid and voluntary, that you feel qualifies you for this job, beginning with your present or most recent position. A resume may be submitted, however, **YOU MUST COMPLETE ALL INFORMATION REQUESTED ON THIS APPLICATION FORM.** (Resume submitted YES NO)

EMPLOYER:	ADDRESS:	DATES OF EMPLOYMENT: FROM: TO:	
TITLE:	SUPERVISOR'S NAME/NUMBER:		
DUTIES:		HRS/WEEK:	CURRENT SALARY:
REASON FOR LEAVING:			

EMPLOYER:	ADDRESS:	DATES OF EMPLOYMENT: FROM: TO:	
TITLE:	SUPERVISOR'S NAME/NUMBER:	FROM:	TO:
DUTIES:		HRS/WEEK:	
REASON FOR LEAVING:			

EMPLOYER:	ADDRESS:	DATES OF EMPLOYMENT: FROM: TO:	
TITLE:	SUPERVISOR'S NAME/NUMBER:		
DUTIES:		HRS/WEEK:	
REASON FOR LEAVING:			

May we contact your present employer? YES NO

CERTIFICATION OF APPLICANT. READ CAREFULLY BEFORE SIGNING.

I hereby certify that all statements made in this application are true to the best of knowledge; any misstatement or falsification may be cause for disqualification

SIGNATURE:

DATE:

**ORIGINAL APPLICATION MUST BE RECEIVED BY CLOSING DATE AND TIME
FAXED OR EMAILED APPLICATIONS WILL NOT BE ACCEPTED.**

**PIMA ASSOCIATION OF GOVERNMENTS
VOLUNTARY INFORMATION REQUEST**

The Pima Association of Governments is an Affirmative Action/Equal Opportunity Employer. To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information about applicants and employees. Your participation is voluntary and would be greatly appreciated. The information is confidential and will have no bearing on your application for employment.

Please complete the following:		
Name:		Position Applied for:
Birth Date: / /	ETHNIC CATEGORY: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian-Pacific Islander <input type="checkbox"/> American Indian	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
VETERAN GROUP: <input type="checkbox"/> Veteran of the United States Armed Forces. Honorably separated following more than 180 days of active duty excluding training and reserve duty. <input type="checkbox"/> Vietnam Era Veteran. (1) Served on active duty for a period of more than 180 days any part of which occurred between 8/5/64 and 5/7/75, and was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from active duty for service-connected disability if any part of such active duty was performed between 8/5/64 and 5/7/75. <input type="checkbox"/> Disabled Veteran. Entitled to disability compensation under laws administered by the Veteran's Administration for disability rated at 30 per centum or more or, a person whose discharge or release from active duty was a disability incurred or aggravated in the line of duty. <input type="checkbox"/> Not a veteran.		
ARE YOU HANDICAPPED? HANDICAP: Anyone who has a physical or mental impairment which substantially limits one or more major life activities or have a record of such impairment or is regarded as having such an impairment. YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, briefly describe the nature of you handicap:		
HOW DID YOU LEARN OF THIS POSITION: <input type="checkbox"/> Newspaper <input type="checkbox"/> Community Outreach <input type="checkbox"/> Bulletin Board <input type="checkbox"/> Other		
AGE GROUP: <input type="checkbox"/> under 25 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55 - over		
Are you presently able to work legally in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Following hire, can you provide documentation to establish that you are able to work lawfully? YES <input type="checkbox"/> NO <input type="checkbox"/> (See attached list)		
In the future, will you require sponsorship for an application with the immigration service for employment authorization? YES <input type="checkbox"/> NO <input type="checkbox"/>		

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	5. Native American tribal document
	9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)