



## City of Phoenix

Personnel Department

135 North 2<sup>nd</sup> Avenue, Phoenix, AZ 85003-2097

Voice: (602) 495-5703

TTY: (602) 261-8687

### Reinstatement Information

If you are a former City employee and left City employment in good standing within the past two years, you may request reinstatement to any former position in which you were a full-time regular employee. Completion of a probationary period is not required for eligibility.

If you are a current City employee, you may request reinstatement to any former position that is at a higher salary range than your current position. You must have served in that position as a full time regular employee and left the position in good standing within the past two years. Completion of a probationary period is not required for eligibility. *Classification and salary grade information can be viewed online at [http://phoenix.gov/JOB\\_SPECS/job\\_idx.html](http://phoenix.gov/JOB_SPECS/job_idx.html).*

#### **In order for your request to be approved, the following criteria must be met:**

- ✓ You are or have previously been in a regular, full-time certified position with the City of Phoenix.
- ✓ You left the position for which you are applying for reinstatement in good standing.
- ✓ If you have left City employment, you must apply for reinstatement within 2 years of your termination date.

You should complete and submit a current resume or Application for Employment (attached) along with the Reinstatement Request form. The information provided in the resume or application is used to determine if you meet the minimum qualifications for the position. This information is also placed in the file of each position for which you are approved. Supervisors review these files to determine whom they will interview.

### Helpful Information

Return completed Reinstatement materials in-person or by mail to the address listed above. Reinstatement requests will be processed within five business days and you will be notified of the results by mail.

Employees are certified to reinstatement eligible lists for two-year periods.

Certification to an eligible list does not guarantee you will be interviewed or selected. The City maintains full list certification, which means candidates may be selected from anywhere on the list (with the exception of eligible lists for public safety promotional positions).

CITY OF PHOENIX  
PERSONNEL DEPARTMENT

DATE: \_\_\_\_\_  
(M/D/Y)

**NOTICE:** Under the City of Phoenix Personnel Rules, employees who have resigned in good standing from City employment and have withdrawn their contribution to the Retirement System, must agree to put their money back into the system if they request reinstatement and are rehired **within the ninety day period following their resignation.** If your request for reinstatement falls within these limits and you agree to these conditions, please sign below "Agreement" prior to returning your request for reinstatement. If you do not agree to the terms in this agreement, you must wait ninety days after the effective date of your separation before submitting a request for reinstatement.

**APPLICATION FOR REINSTATEMENT TO EMPLOYMENT LIST**  
**(PLEASE PRINT OR TYPE)**

NAME:	LAST 4 DIGITS SSN #:
STREET ADDRESS:	CITY/STATE/ZIP:
HOME PHONE:	WORK PHONE:

I, \_\_\_\_\_, do hereby request that my name be placed on the employment list  
(LAST NAME, FIRST NAME, M.I.)

for position \_\_\_\_\_, I served in this capacity in the  
(CLASSIFICATION) (JOB CODE)

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
(DEPARTMENT/DIVISION NAME) (DEPT. NUMBER) (M/D/Y) (M/D/Y)

The reason for my (resignation \_\_\_\_\_ layoff \_\_\_\_\_) from the position was \_\_\_\_\_

If you have any convictions (other than parking violations and juvenile offenses) tell when, where, and any disposition of the case. For most jobs, convictions will not automatically be grounds for disqualification from consideration. Relationship to job will be considered.

\_\_\_\_\_  
(SIGNATURE)

**AGREEMENT**

In accordance with Personnel Rule 18: Reinstatement c4, Eligibility, I \_\_\_\_\_, agree to return to the City of Phoenix Employee's Retirement System, within the six months following my return to work, all monies that have been refunded to me as a result of my resignation from City employment on \_\_\_\_\_.  
(M/D/Y)

Failure to return such funds shall constitute grounds for immediate discharge from City employment. Should reemployment occur more than 90 days from my resignation, this agreement shall be null and void.

\_\_\_\_\_  
(SIGNATURE) (DATE)

(PERSONNEL DEPARTMENT USE ONLY)

Disposition: Granted \_\_\_ Denied \_\_\_ If denied, reason: \_\_\_\_\_

\_\_\_\_\_  
(PERSONNEL DEPARTMENT SIGNATURE) (DATE)

**CITY OF PHOENIX, ARIZONA**  
 135 North Second Avenue, Phoenix Arizona 85003-2018  
 602/262-6277 www.phoenix.gov/EMPLOY/empidx.html  
 AN EQUAL OPPORTUNITY / REASONABLE ACCOMMODATION EMPLOYER

**APPLICATION FOR EMPLOYMENT**

The City of Phoenix supports a drug-free workplace. After an employment offer is made, external applicants will be required to pass a drug test. Employment will be contingent upon successful completion of the drug test, consideration of background, references, and other job-related selection information. If you have a disability and require reasonable accommodation in the application and/or testing process, please complete a *Reasonable Accommodation Request* form. Forms are available from, and should be returned to, the Application Office at the address above. This publication can be provided in an alternative format upon request. Call 602/495-5703 (voice), TTY/TDD 602/261-8687, or FAX 602/495-5498. Application materials become property of the City of Phoenix once received by the Application Office.

JOB TITLE FOR WHICH YOU ARE APPLYING			RECRUITMENT I.D. (Personnel Department Use Only)
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LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER (optional)
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HOME ADDRESS
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CITY	COUNTY	STATE	ZIP CODE	COUNTRY
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MAILING ADDRESS (If different than home address.)
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CITY	COUNTY	STATE	ZIP CODE	COUNTRY
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CITY	COUNTY	STATE	ZIP CODE	COUNTRY
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AREA CODE AND HOME PHONE	AREA CODE, DAYTIME PHONE AND EXT.	E-MAIL ADDRESS
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May we contact you at your daytime phone number?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**EDUCATION**

School, City, and State	Number of Credit Hours Earned	Course Titles or Major Field	Degree or Certificate Received

Please list or attach a list of apprenticeships, workshops, seminars, training classes, and on-the-job training. Please include dates.	<input type="checkbox"/> List attached
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Please list or attach a list of professional licenses, certifications, and registrations. Please include dates.	<input type="checkbox"/> List attached
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**EXPERIENCE:** Your qualifications will be evaluated on the basis of the information you provide on this application. The amount of experience you have and the way you describe it will determine whether you advance to the next step of this recruitment process. Please describe on this page, or an attachment, all relevant experience, including volunteer and other unpaid experience. You can begin with your present or most recent position, and describe your employment history for at least the past five years. Please complete each section thoroughly. **Use as many copies of this form as is necessary to provide the requested work history.**

**MOST RECENT JOB**

EMPLOYER				ADDRESS			PHONE		
DATES FROM		TO		TOTAL TIME	<input type="checkbox"/>	FULL-TIME	<input type="checkbox"/>	PART-TIME	HRS PER WEEK
JOB TITLE				LAST SALARY	\$	SUPERVISORS NAME			

DESCRIBE YOUR WORK AND THE NUMBER SUPERVISED (IF APPLICABLE)

**SECOND MOST RECENT**

EMPLOYER				ADDRESS			PHONE		
DATES FROM		TO		TOTAL TIME	<input type="checkbox"/>	FULL-TIME	<input type="checkbox"/>	PART-TIME	HRS PER WEEK
JOB TITLE				LAST SALARY	\$	SUPERVISORS NAME			

DESCRIBE YOUR WORK AND THE NUMBER SUPERVISED (IF APPLICABLE)

**THIRD MOST RECENT JOB**

EMPLOYER					ADDRESS				PHONE	
DATES FROM		TO		TOTAL TIME		<input type="checkbox"/>	FULL-TIME	<input type="checkbox"/>	PART-TIME	HRS PER WEEK
JOB TITLE				LAST SALARY	\$	SUPERVISORS NAME				
DESCRIBE YOUR WORK AND THE NUMBER SUPERVISED (IF APPLICABLE)										



**CITY OF PHOENIX, ARIZONA  
APPLICATION SUPPLEMENT  
PLEASE COMPLETE ALL PAGES AND RETURN WITH YOUR APPLICATION**

Job Title For Which You Are Applying

Recruitment I.D. (Personnel Department Use Only)	
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Last Name	First Name	MI	Social Security No. (optional)

**PLEASE READ ALL STATEMENTS ON THE DATA COLLECTION FORM AND RESUME SUPPLEMENT  
AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL BEFORE SIGNING BELOW**  
This signed statement will be attached to your resume

*The City of Phoenix supports a drug-free workplace. After an employment offer is made, external applicants will be required to take and pass a drug test. Employment will be contingent upon successful completion of this drug test, and consideration of background, reference, and other job-related selection information.*

*Social security numbers are used for internal purposes only. Disclosing your social security number on these forms is voluntary. The request is made pursuant to the City's practice of maintaining, by social security number, job application records and personnel, payroll and retirement records. However, once you are employed by the City, federal law requires you to provide your social security number for tax reporting purposes.*

*If you are currently employed by the City of Phoenix, your address, phone number(s), military status, and education level will be updated in the City Human Resource Information System (CHRIS) based on the information you provide on the data collection form. You must notify your payroll clerk to change any other personal information in CHRIS.*

*I HEREBY CERTIFY THAT ALL THE STATEMENTS CONTAINED ON THIS APPLICATION AND ANY ATTACHMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT OMISSIONS OR MISSTATEMENTS MAY BE CAUSE FOR REJECTION OF THIS APPLICATION, REMOVAL OF MY NAME FROM THE ELIGIBLE LIST, OR DISCHARGE FROM CITY EMPLOYMENT. I HAVE READ ALL STATEMENTS ON THE DATA COLLECTION FORM AND RESUME SUPPLEMENT, AND UNDERSTAND HOW THE INFORMATION I PROVIDE ON THESE FORMS WILL BE USED.*

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*Signature*

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*Date*