**Apache County Human Resources**P.O. Box 989
St. Johns, AZ 85936
(928) 337-7940 - (928) 337-7606 Fax
www.co.apache.az.us



## **EMPLOYMENT APPLICATION**

## We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, disability or any other legally protected status. PLEASE NOTE (1) All questions must be answered. (2) Non-responsive information stated on this application and other hiring forms will disqualify the applicant from consideration. (3) Applications are current for six months and will be retained in our active files during this time. If you are interested in a position during this period, please contact the Human Resources Department and have your application submitted for that job. Any positions that you have an interest in after the six months will require the submission of a new application. Date of application Position applied for and job posting number Last Name First Name Middle Name Mailing Address City State Zip Code Social Security Number Telephone Number Message Number Full Time Part Time Shift Work **Temporary** Are you available to work: Yes $\square$ No Are you 18 or over? Have you ever been employed with Apache County? Do you have access to reliable transportation? $\square$ Yes $\square$ No □Yes □No Do you have a C.D.L.? If you are currently employed, may we contact your present employer? $\square$ No Are you eligible to work in the United States? (Proof of citizenship or immigration status will be required upon employment) $\square$ No Do you have any relatives that are currently employed by Apache County? If yes, please list name(s):\_\_ ☐ Yes ☐ No Have you ever been convicted of any felony or driving under the influence? If yes please explain: ☐ Yes $\square$ No Are you currently on probation or parole for any criminal offense?

Applicants are advised that under Arizona's public records laws, copies of applications and resumes of persons considered for employment, with limited personal information removed, may be subject to disclosure to any person who requests them.

(Rev 5/2018)

Military Service								
Branch of Service								
Dates of Service								
Duties/Specialized Training								
Education								
								State
School			ı	City				State
Dates Attended	Dates Attended Degrees or Diplomas							
School			City				State	
Dates Attended			Degr	ees or Diplom	as			
				•				Ι
School				City			State	
Dates Attended			Degrees or Diplomas					
Describe any specialized training, skills, honors received and/or qualifications:								
E:								
Foreign Language		1 1	1/-					
Indicate any foreign languages you can speak, read and/or write:								
	Fluent			Good				Fair
SPEAK								
READ								
WRITE								
References								
1. Name Address				Phone Number				
2. Name		Address			Phone Number			
2 Name		A 4.4				Diaman		
3. Name		Address				Phone Nur	nber	

History - Begin with most recent employer. Attach additional sheets as needed. Must be completed in full.

Job Title	Dates Employed		Work Performed
Employer	From	То	
Supervisor			
Address	Hourly Rate/Salary		
Telephone Number	Starting	Final	
Reason for Leaving			
Job Title	Dates Employed		Work Performed
Employer	From	То	
Supervisor			
Address	Hourly Rate/Salary		
Telephone Number	Starting	Final	
Reason for Leaving			
Job Title	Dates Employed		Work Performed
Employer	From	То	
Supervisor			
Address	Hourly Rate/Salary		
Telephone Number	Starting	Final	
Reason for Leaving			
Job Title	Dates Employed		Work Performed
Employer	From	То	
Supervisor			
Address	Hourly Rate/Salary		
Telephone Number	Starting	Final	
Reason for Leaving			

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.				
I understand that neither this document nor any offer of employment from the employer constitute an employment contract.				
I understand that false or misleading information given in my application or interview(s) may result in discharge.				
In consideration for my employment, I agree to conform to the county's policies, practices, rules/regulations and standards, which may be changed from time to time.				
Applicant's Signature:				

Applicants Statement

Apache County is an equal opportunity employer



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Dear Sir/Madame:	1 1 1 0 1	
that he/she was employed by you in the capacity of	has applied for employme	nt with Apache County and has stated
Your response to the questions below, which may be Sincerely,	e returned in the enclosed en	nvelope, will be greatly appreciated.
Human Resources Department		
	- — — — -	
1. Are the dates of employment substantially correct	t?	
If not, please give correct date		
2. What type of work did applicant perform?		
3. Why did the applicant leave your service?		
4. Would you re-employ applicant in a suitable vaca	nncy?	
5. Please comment briefly on applicants work habit	es, attendance and ability:	
Signature:	Title:	Date:
	- — — — –	
To be Signed by Applicant I hereby authorize all my previous employers to fur	nish the Anache County Hi	uman Resources Denartment
information concerning my employment history. It damage on account of furnishing said information.	<u> </u>	<u>=</u>
Applicant Signature:	Date	: