

GREENLEE COUNTY APPLICATION FOR EMPLOYMENT



GREENLEE COUNTY
P.O. Box 908
Clifton, AZ 85533
(928) 865-2072

An Equal Opportunity Employer (Sex, Age, Race, Religion, Color, National Origin, Disability)

DIRECTIONS: Please complete all sections of this application. It is your responsibility to provide complete and accurate information in responding to the inquiries in this application. Failure to provide sufficient and accurate information may result in your application being removed from consideration. All information provided is subject to on-going verification. NOTE: Attaching a copy of your resume will not suffice in lieu of completing all sections of this application.

NOTICE TO DISABLED APPLICANT

Arrangements to make reasonable accommodation to disabled applicants may be requested by contacting Greenlee County Board of Supervisors, 5th and Leonard, Clifton, Arizona 85533, (928) 865-2072 or FAX (928) 865-9332.

Name:			SSN#:		Phone #:	
(Last)	(First)	(M.I.)				
Please list any name	e(s) by which you wer	e known to	previous employ	ers, referenc	es and/or a	cademic
institutions:						
Present Address:						
	(Street)		(City)		(State)	(Zip)
Mailing Address:						
	(Street)		(City)		(State)	(Zip)
Message Contact:						
	(Name)		(Address)			(Phone #)
Position for which	you are applying:			Location:		
Are you currently e	mployed by Greenlee	County?	Yes	No	If	yes,
Title:			Supervisor:			
Have you previousl	y been employed by C	Greenlee Cou	inty?	Yes	No	If yes,
Title:		Dates	of employment			

EDUCATION AND TRAINING

SCHOOL TYPE	NAME AND ADDRESS OF SCHOOL	MAJOR	YEARS COMPLETED	DIPLOMA DEGREE
Elementary School				
High School				
College(s)				
Universities				
Other (Specify)				
qualifications:	D EQUIPMENT SKILLS	items you wish to be co	onsidered in evalua	iting your
	software package/versions with voase, graphics and any custom sof		nclude word proces	ssing,
Name of Software			Skill Level (1 = (3 = (5 =)	Beginner) Intermediate) Advanced)
Office equipment s 10 Key Calco Other (Specify)	skills: ulator Data Entry			
·	ls you feel are relevant to the posi		have considered:	

Should the position	on require driving, can yo	ou provide a current driv	ers license with the pr	oper endorsements?
Yes	No	<u></u>		
If yes, Type	Expiration	date	State	
AVAILABILITY				
Types of employr	ment:			
Full-time	Part-time	Shift work	Temporary	_
_	position which requires No		nd/or holidays, overtii	me?
If out of town/stat	te travel is required, are y	you prepared to travel?	Yes	No
ADDITIONAL II	NFORMATION			
Can you provide p	proof of the right to work	in the United States if s	elected for this position	on?
Yes	No			
	ssful applicants will be re I States as required by th			C .
Are you in any wa	ay related (blood, marria	ge, adoption, etc.) to any	current employee of	Greenlee County?
Yes	No	If yes, give names of suc	h individuals	
At any time durin	g the last ten (10) years,	have been convicted, ple	ed guilty or entered a p	plea of no contest
to any felony or n	nisdemeanor (including o	driving under the influen	ce)? Yes	No
If yes please expla	ain:			
Note: Answer	ring yes to this question o	does not constitute an au	tomatic bar to employ	ement.
REFERENCES				
Please provide threabilities, and skills	e professional references	s, not related to you, who	have knowledge of y	our work history,
Name	Title	Employer		Phone #
1.				
2.				
2				

EMPLOYMENT HISTORY

Beginning with your most recent employer, list each of your former employers. Include any part-time or volunteer experience. If you held more than one position with an employer, list each position separately. If additional space is needed, attach separate sheets of plain white paper and include all of the information requested. NOTE: Do not attach a resume in lieu of completing this section. Failure to follow this instruction will render your application incomplete.

May we contact your prese	nt emplo	yer? Yes	No			
Starting date	Ending date		Starting Salary	Ending Salary	Hrs per week	
Previous Employer Name				Phone		
Address				Your Title		
Supervisor (Name) Reason for leaving			g			
Duties (be specific)						
Starting date	Ending date		Starting Salary	Ending Salary	Hrs per week	
Previous Employer Name				Phone		
Address				Your Title		
Supervisor (Name)		Reason for leaving				
Duties (be specific)						

Starting date	Ending	date Starting Salary Ending Salary		Hrs per week		
Previous Employer Name				Phone		
Address				Your Title		
Supervisor (Name) Reason for leav			ıg			
Duties (be specific)						
Starting date	arting date Ending date Starti		Starting Salary	Ending Salary	Hrs per week	
Previous Employer Name				Phone		
Address				Your Title		
Supervisor (Name) Reason for leaving			ıg			
Duties (be specific)						
Starting date	Ending date		Starting Salary	Ending Salary	Hrs per week	
Previous Employer Name				Phone		
Address				Your Title		
Supervisor (Name) Reason for leaving			ıg	,		
Duties (be specific)						

VERIFICATION OF INFORMATION INCLUDED IN APPLICATION, AUTHORIZATION TO RELEASE INFORMATION AND RELEASE FROM LIABILITY.

READ THIS SECTION CAREFULLY BEFORE SIGNING!

The information set forth in this application is true and complete. I understand and agree that any false or misleading information and/or omission of information in completing this application may constitute cause for removal of my application from the selection process or, if already employed, constitute grounds for my dismissal.

Greenlee County has my permission to contact my previous employers and academic institutions attended and take such other investigative steps as may reasonably be deemed necessary by Greenlee County to verify the information supplied in my application and determine my initial and on-going suitability for employment. Greenlee County, its officers and agents are hereby released from liability arising from such investigation. All individuals and institutions contacted are hereby authorized to release to Greenlee County, its Officers and Agents, such information as may be requested. Individuals and/or institutions releasing information as provided here are released from liability arising from the information released.

I understand and agree that, if not selected for employment by Greenlee County, all information used in the selection process, including this application and all related materials shall remain the sole and exclusive property of Greenlee County and shall not be available for my inspection or in any way reproduced or returned to me.

I understand that, should I be selected for employment by Greenlee County, my employment may be terminated at any time by myself or Greenlee County as provided for by current and any future policies now in force or which may from time to time be adopted by the Board of Supervisors. I further understand that nothing in this section shall in any way restrict the right of the Board of Supervisors to modify or eliminate any term or condition of employment with or without notice.

By my signature here, I atte	st that I have read the above	statements, understand,	accept and agree	to the conditions
imposed thereby and will at	pide by same if considered f	or employment or actual	ly employed by C	Greenlee County.

Signature	Date	