

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 using either ink pen or a typewriter. 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) 865-4417.

Name: _____ SSN#: _____ Phone #: _____
(Last) (First) (M.I.)

Please list any name(s) by which you were known to previous employers, references and/or academic 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 employed by Greenlee County? Yes _____ No _____ If yes,

Title: _____ Supervisor: _____

Have you previously been employed by Greenlee County? 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) | | | | |

Additional training, licenses, certifications or similar items you wish to be considered in evaluating your qualifications:

COMPUTER AND EQUIPMENT SKILLS

Specific computer software package/versions with which you are skilled (include word processing, spreadsheet, data base, graphics and any custom software as applicable):

| Name of Software | Skill Level |
|------------------|--|
| | (1 = Beginner) (3 = Intermediate) (5 = Advanced) |
| | |
| | |

Office equipment skills: Typewriter _____ Wpm Dictaphone/Shorthand _____ Wpm
 10 Key Calculator _____ Data Entry _____ Fax _____ Photocopier _____

Other (Specify) _____

List any other skills you feel are relevant to the position which you wish to have considered:

Should the position require driving, can you provide a current drivers license with the proper endorsements?

Yes _____ No _____

If yes, Type _____ Expiration date _____ State _____

AVAILABILITY

Types of employment:

Full-time _____ Part-time _____ Shift work _____ Temporary _____

Will you accept a position that requires you to work weekends and/or holidays, overtime?

Yes _____ No _____

If out of town/state travel is required, are you prepared to travel? Yes _____ No _____

ADDITIONAL INFORMATION

Can you provide proof of the right to work in the United States if selected for this position?

Yes _____ No _____

Note: Successful applicants will be required to present documentary proof of legal right to work in the United States as required by the Immigration Reform and Control Act of 1986.

Are you in any way related (blood, marriage, adoption, etc.) to any current employee of Greenlee County?

Yes _____ No _____ If yes, give names of such individuals _____

At any time during the last ten (10) years, have been convicted, pled guilty or entered a plea of no contest to any felony or misdemeanor (including driving under the influence)? Yes _____ No _____

If yes please explain: _____

Note: Answering yes to this question does not constitute an automatic bar to employment.

REFERENCES

Please provide three professional references, not related to you, who have knowledge of your work history, abilities, and skills.

| Name | Title | Employer | Phone # |
|------|-------|----------|---------|
|------|-------|----------|---------|

1.

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3.

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 unless your resume includes all information required here and in the format shown. Failure to follow this instruction will render your application incomplete.

May we contact your present employer? 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 | | |
| Duties (be specific) | | | | |
| | | | | |
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| 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) | | | | |
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|------------------------|-------------|--------------------|---------------|--------------|
| 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): | | | | |
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|------------------------|-------------|--------------------|---------------|--------------|
| 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) | | | | |
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|------------------------|-------------|--------------------|---------------|--------------|
| 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) | | | | |
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**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 attest that I have read the above statements, understand, accept and agree to the conditions imposed thereby and will abide by same if considered for employment or actually employed by Greenlee County.

Signature _____

Date _____