

Berthan DeNero, SPHR
Director
bdenero@co.gila.az.us
Ext. 8722

Erica Raymond
Personnel Assistant
eraymond@co.gila.az.us
Ext. 4253



Juley D. Bocardo-Homan
Deputy Director
jbocardo@co.gila.az.us
Ext. 8724

Angelo J. Cutter
Personnel Assistant Senior
acutter@co.gila.az.us
Ext. 8723

Gila County Personnel Department
Risk Management
1400 E. Ash Street, Globe, AZ 85501
(928) 425-3231/ TDD: 7-1-1

Dear Applicant:

Please read the following instructions carefully before filling out your application.

- Your application is the first step toward County employment. Be certain that each answer is complete and easy to read.
- A separate application is required for each specific job. This allows you to tailor each application to the position for which you are applying.
- Please do not insert “see resume” in the work history section. Resumes will only be accepted if you have completely filled out the application.
- Remember that all applications are taken at face value. We only know what you tell us. Be careful to provide detailed information about your experience and education, and additional pages if you need to. Don’t let the application limit you.
- All posted positions are open until filled, unless specifically stated.
- Additional consideration is given for proven disability and veteran status. If you qualify for either of these, please submit the requested documentation so you may receive proper consideration.
- If, in any way, you feel you have been treated unfairly in the recruitment process, you may contact the Personnel Director.
- If selected for an interview, you will be notified by the department where the position is located.

Online Submittal

- Complete the application.
- Select the submit button at the top of the application. It will take you to the Employee Application Agreement (pg. 9). Please read thoroughly.
- By accepting the terms of the agreement you will be able to submit your application online.
- If you currently use an Internet email service such as Yahoo or Microsoft Hotmail, you will need to save your form, attach it to an email and manually enter eraymond@co.gila.az.us as the recipient.
- If you are having difficulties submitting your application online, please contact Erica Raymond at (928)402-4253 or by email, eraymond@co.gila.az.us.



GILA COUNTY

1400 E Ash Street
Globe, Arizona 85501
(928) 425-3231 TDD: 7-1-1 Fax (928) 402-4252

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

POSITION FOR WHICH YOU ARE APPLYING: *(See Job Announcement)*

Position Title: _____

Job Code: _____ (3) Department/Location: _____

PERSONAL:

Name: _____
Last First Middle Social Security Number

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____ E-mail: _____

ADDITIONAL INFORMATION:

Is there any additional information relative to change of name, use of an assumed name or nickname necessary to permit a check on your work and education records? ----- Yes No

If Yes, please explain: _____

Are you presently a Gila County employee with Regular Status? ----- Yes No

Do you fluently speak: ----- Spanish Other

If other, please specify: _____

If applicable, do you possess a valid Arizona Driver License? ----- Yes No

Have you ever been convicted of a felony offense? ----- Yes No

If Yes, Please provide further information: _____

Are you legally eligible for employment in the United States of America? ----- Yes No
(proof of citizenship or immigration status will be required upon employment)

AVAILABILITY:

Will you accept (check all that apply): Full Time Part Time Temporary Seasonal (intermittent)

Shifts Available to work: Day Evening Night Rotating

Will you work weekends or holidays if required? ----- Yes No

If out of town travel is required, would you be willing and able to travel? ----- Yes No

EMPLOYMENT HISTORY:

Begin with most recent job first. Fill out job experience in detail. Include paid or verifiable non-paid experience including Military Service. If you have had more than one position with the same employer, please list each position separately. Provide complete and accurate addresses of former employers. Include area code and phone number. Attach additional pages if necessary

Company Name: _____	Phone: _____
Address: _____	From: _____ To: _____
Job Title: _____	Starting Salary: _____ Ending Salary: _____
Name and Title of Supervisor: _____	
Reason for Leaving: _____	
Responsibilities: _____	

If presently employed, may we contact your present employer? ----- Yes No	

Company Name: _____	Phone: _____
Address: _____	From: _____ To: _____
Job Title: _____	Starting Salary: _____ Ending Salary: _____
Name and Title of Supervisor: _____	
Reason for Leaving: _____	
Responsibilities: _____	

Company Name: _____	Phone: _____
Address: _____	From: _____ To: _____
Job Title: _____	Starting Salary: _____ Ending Salary: _____
Name and Title of Supervisor: _____	
Reason for Leaving: _____	
Responsibilities: _____	

EMPLOYMENT HISTORY CONTINUED:

Company Name: _____ Phone: _____
Address: _____ From: _____ To: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Name and Title of Supervisor: _____
Reason for Leaving: _____
Responsibilities: _____

Company Name: _____ Phone: _____
Address: _____ From: _____ To: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Name and Title of Supervisor: _____
Reason for Leaving: _____
Responsibilities: _____

EDUCATION AND ADDITIONAL INFORMATION:

EDUCATION

High School: _____	Address: _____	Yes	No
From: _____ To: _____	Did you graduate?		Degree: _____
Undergraduate College: _____	Address: _____	Yes	No
From: _____ To: _____	Did you graduate?		Degree: _____
Graduate College: _____	Address: _____	Yes	No
From: _____ To: _____	Did you graduate?		Degree: _____
Other: _____	Address: _____	Yes	No
From: _____ To: _____	Did you graduate?		Degree: _____

Use the space below to list Professional Society Memberships, job related licenses, registrations, certificates with their numbers and expiration dates.

TYPING:

None	Less than 30 wpm	30-39 wpm	40-44 wpm	45-50 wpm
51-60 wpm	61-70 wpm	71- or more wpm		

Please Read and Sign Below

Applicants may request any needed accommodation to participate in the application process.

Gila County does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

STATEMENT OF CERTIFICATION-APPLICANT SIGNATURE

By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct and complete to the best of my knowledge and belief. I also authorize Gila County to make all necessary and appropriate investigations allowable by law to verify the information provided.

APPLICANT'S SIGNATURE

DATE

ALL APPLICATIONS MUST BE SUBMITTED TO THE GILA COUNTY PERSONNEL DEPARTMENT TO BE CONSIDERED FOR EMPLOYMENT

DO NOT WRITE IN THIS SPACE

FOR OFFICE USE ONLY

Reference Check Yes No

Clerical Verification/Testing Yes No

INTERVIEW Yes No

Date: _____ Time: _____

Result of Interview: _____

Start Date: _____

Position: _____

Salary: _____



Government requested applicant information. The following questions are for statistical purposes only. **This page will be detached from your application prior to processing.**

Applicant Name

Position Applied for

1. **Sex:** Female Male

2. **Birthdate:** _____

3. Ethnic Category:

- American Indian
- Asian
- Black
- Hispanic
- White

4. Statutory Preference:

Veteran's Preference.

You must submit with your application, depending on the basis for preference as shown below. A copy of your DD214 or verification certificate. Please write your social security number on the form submitted. If you submitted the appropriate form within the last 12 months, you need not provide another.

Basis for Preference:

US Active Duty Service of more than 180 days with other than dishonorable discharge.

Submit DD214. Dates of active duty service from _____ to _____

Service connected disability.

Submit verification certificate (available at the Department of Economic Security Veterans Affairs office).

Spouse of veteran who is MIA, POW, totally and permanently service connected disabled, or who dies of a service connected disability.

Submit verification certificate (available at the Department of Economic Security Veterans Affairs office).

GILA COUNTY DRUG-FREE WORKPLACE POLICY

Gila County is committed to providing a safe, healthy and accident free workplace. One of the conditions to achieving such an environment is that it be drug and alcohol free. Therefore, In compliance with the Federal Drug Free Workplace Act of 1988, other federal and state mandates, and in accordance with the County's own precepts and philosophy, Gila County hereby establishes this policy.

Under this policy the following activities are prohibited:

1. Reporting to work under the influence of a prohibited drug or under the influence of alcohol.
2. The use, consumption, sale, purchase, transfer, or possession of any prohibited drug by any employee during working hours, while on work assignments, or on County premises; and
3. The consumption of alcohol by any employee during work hours, while on work assignments or on County premises.

NOTE: For purpose of this policy, prohibited drugs include but are not limited to:

1. marijuana,
2. cocaine,
3. cocaine derivatives,
4. opiates (narcotics),
5. phencyclidine (PCP), and
6. amphetamines.

Further, it is a condition of County employment that employees agree to abide by the terms of this policy and to notify the Personnel Department of any drug statute conviction no later than five (5) days after such conviction. Every possible effort shall be expended to hold such information in confidence with the County, but such information may be required to be reported to a state or federal agency if a grant or contract funding for the position is involved, or as otherwise required by law or regulation.

The county will deal firmly and fairly with any employee who violates this policy. Violators are subjected to disciplinary action, which may include suspension with or without pay, demotion, or termination. Sanctions may also include, but are not limited to, a requirement that an employee participate in and successfully complete a drug and/or alcohol abuse assistance or rehabilitation program at the employee's own expense.

The use of legally prescribed and over-the-counter medications is excluded from this policy. However, such use is permitted only to the extent that the use of such medication does not adversely affect the employee's ability to work, job performance, or the safety of the employee or others. The use of prescribed medications must be under the direction of a licensed physician. Employees are required to report such use to their supervisor.

Berthan DeNero
Director
bdenero@co.gila.az.us
Ext. 8722

Erica Raymond
Personnel Assistant
eraymond@co.gila.az.us
Ext. 4253



Juley D. Bocardo-Homan
Deputy Director
jbocardo@co.gila.az.us
Ext. 8724

Angelo J. Cutter
Personnel Assistant Senior
acutter@co.gila.az.us
Ext. 8723

Gila County Personnel Department
Risk Management
1400 E. Ash Street, Globe, AZ 85501
(928) 425-3231/ TDD: 7-1-1

SMOKE-FREE ARIZONA ACT

In accordance with A.R.S. §36.601.01, effective May 1, 2007, smoking is prohibited in all enclosed areas in public places and places of employment, including restaurants and bars. Outside smoking is prohibited within 20 feet in all directions of an entrance, an open window, or a ventilation system. Smoking is prohibited in vehicles owned and operated by Gila County when more than one individual occupies the vehicle and the vehicle is used for business purposes.

For more information:

Arizona Department of Health Services
Office of Environmental Health
(602)364-3122

Smoke-Free Arizona Information Line
1-877-AZSTOPS
1-877-297-8677

Smoke-Free Arizona Website
www.smokefreearizona.org

E-mail
smokefreearizona@azdhs.gov

