



**STATE OF ARIZONA – GILA COUNTY
AN EQUAL OPPORTUNITY EMPLOYER
DRIVER'S EMPLOYMENT APPLICATION**

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

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

POSITION FOR WHICH YOU ARE APPLYING:

POSITION: _____	
JOB CODE: _____	DEPARTMENT/LOCATION: _____

PERSONAL:

Name: _____	Social Security No. _____	Phone: _____
Date of Birth: (Required for Truck Drivers) _____	Can you provide proof of age? _____	
Street Address: _____		
NUMBER	CITY	STATE ZIP
Mailing Address: _____		
NUMBER	CITY	STATE ZIP

ADDRESS FOR THE PAST THREE YEARS:

Street Address	City	State	Zip	How Long?

Have you worked for Gila County before? _____ Department _____

Position held: _____ Rate of Pay: _____

Dates Worked: _____ Reason for Leaving: _____

Are you employed now? _____ If yes, may we contact your employer? _____

Can you perform the functions of this position (essential and/or marginal) with or without reasonable accommodation? _____

PLEASE ATTACH ADDITIONAL SHEET DETAILING JOB DUTIES FOR EACH POSITION LISTED BELOW.

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding three (3) years. Additionally—driver applicants must provide information for an additional seven (7) years on employers for whom they operated vehicles having GVWR of 26,001 or more, vehicles designed to transport fifteen (15) or more passengers, or any size vehicle used to transport hazardous material in a quantity requiring placarding.

EMPLOYER		DATES	
NAME _____		From MO. _____ YR. _____	To MO. _____ YR. _____
ADDRESS _____		POSITION HELD	
		SALARY/WAGE	
CITY _____	STATE _____	ZIP _____	
		REASON FOR LEAVING	
CONTACT PERSON _____	PHONE NO _____		

EMPLOYER		DATES	
NAME _____		From MO. _____ YR. _____	To MO. _____ YR. _____
ADDRESS _____		POSITION HELD	
		SALARY/WAGE	
CITY _____	STATE _____	ZIP _____	
		REASON FOR LEAVING	
CONTACT PERSON _____	PHONE NO _____		

EMPLOYER		DATES	
NAME _____		From MO. _____ YR. _____	To MO. _____ YR. _____
ADDRESS _____		POSITION HELD	
		SALARY/WAGE	
CITY _____	STATE _____	ZIP _____	
		REASON FOR LEAVING	
CONTACT PERSON _____	PHONE NO _____		

EMPLOYER		DATES	
NAME _____		From MO. _____ YR. _____	To MO. _____ YR. _____
ADDRESS _____		POSITION HELD	
		SALARY/WAGE	
CITY _____	STATE _____	ZIP _____	
		REASON FOR LEAVING	
CONTACT PERSON _____	PHONE NO _____		

EMPLOYER		DATES	
NAME _____		From MO. _____ YR. _____	To MO. _____ YR. _____
ADDRESS _____		POSITION HELD	
CITY _____ STATE _____ ZIP _____		SALARY/WAGE	
		REASON FOR LEAVING	
CONTACT PERSON _____	PHONE NO _____		
EMPLOYER		DATES	
NAME _____		From MO. _____ YR. _____	To MO. _____ YR. _____
ADDRESS _____		POSITION HELD	
CITY _____ STATE _____ ZIP _____		SALARY/WAGE	
		REASON FOR LEAVING	
CONTACT PERSON _____	PHONE NO _____		
EMPLOYER		DATES	
NAME _____		From MO. _____ YR. _____	To MO. _____ YR. _____
ADDRESS _____		POSITION HELD	
CITY _____ STATE _____ ZIP _____		SALARY/WAGE	
		REASON FOR LEAVING	
CONTACT PERSON _____	PHONE NO _____		
EMPLOYER		DATES	
NAME _____		From MO. _____ YR. _____	To MO. _____ YR. _____
ADDRESS _____		POSITION HELD	
CITY _____ STATE _____ ZIP _____		SALARY/WAGE	
		REASON FOR LEAVING	
CONTACT PERSON _____	PHONE NO _____		
EMPLOYER		DATES	
NAME _____		From MO. _____ YR. _____	To MO. _____ YR. _____
ADDRESS _____		POSITION HELD	
CITY _____ STATE _____ ZIP _____		SALARY/WAGE	
		REASON FOR LEAVING	
CONTACT PERSON _____	PHONE NO _____		

DRIVING HISTORY, EXPERIENCE & QUALIFICATIONS

Accident record for past three (3) years, list accidents in reverse order, starting with most recent. (Attach additional sheet if more space is required).

Date of Accident	Nature of Accident	Fatalities	Injuries

Traffic convictions and forfeitures for past three (3) years (other than parking violations), starting with the most recent. (Attach additional sheet if more space is required.)

Location	Date	Charge	Penalty

List all drivers licenses and permits currently held

Issuing Date	License Number	Type of License	Special Endorsements	Expiration Date

1) Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 Yes _____ No _____

2) Has any license, permit or privilege ever been suspended or revoked?
 Yes _____ No _____

If the answer to either No. 1 or No. 2 is YES, attach statement giving details.

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES OPERATED		APPROX MILES DRIVEN
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Other				

List all states you have operated in during the last (5) years _____

EDUCATION HISTORY

Circle highest grade completed 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4
 Last School Attended _____

School Name _____ City & State _____

Trade School: _____

School Name, Address, City, State & Zip _____ Course of Study _____

Show special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

List any trucking, transportation or other experience that may help in your work with this company _____

List courses and/or training not shown elsewhere on this application _____

**STATEMENT OF CERTIFICATION
TO BE READ AND SIGNED BY THE APPLICANT**

I authorize you to make such investigations and inquiries of my employment or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, former employers, schools or persons from all liability in responding to inquiries in connection with this application. In the event of employment, I understand that false or misleading information given on this application or in interviews may result in termination of employment. I also understand that I am required to abide by and support all rules, regulations, policies and procedures of the company, as permitted by law.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ Date

_____ Applicant's Signature

APPLICATION PROCESS RECORD

This section to be filled out by responsible officer or Company Representative

ITEM	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	WRITTEN RECORD ON FILE
Application					
Interview					
Past Employment					
Written Exam					
Road Test					
Criminal and Traffic Violations					

Applicant Hired _____ Date of Employment _____ Applicant Rejected _____

Department _____ Classification/Job Title _____

TRANSFERS

Department Transferred from: _____	Department Transferred from: _____
Department Transferred to: _____	Department Transferred to: _____
Date of Transfer: _____	Date of Transfer: _____
Reason for Transfer: _____	Reason for Transfer: _____

NOTICE TO ALL APPLICANTS FOR GILA COUNTY DRIVING POSITIONS

Please read the following information carefully, after doing so sign and date this notice.

AS PART OF THE PRE-EMPLOYMENT REQUIREMENTS, ALL PARTICIPANTS FOR DRIVER'S POSITIONS THAT ARE SELECTED FOR POTENTIAL EMPLOYMENT WILL BE REQUIRED TO PASS A PRE-EMPLOYMENT DRUG TEST PRIOR TO EMPLOYMENT (STARTING WORK). THIS PRE-EMPLOYMENT TEST WILL BE CONDUCTED AS A CONDITION OF EMPLOYMENT AND AT THE COUNTY'S EXPENSE.

A PROSPECTIVE EMPLOYEE WHO FAILS TO PASS A PRE-EMPLOYMENT DRUG SCREEN SHALL NOT BE HIRED, AND SHALL BE INELIGIBLE FOR EMPLOYMENT FOR A PERIOD OF ONE (1) YEAR FROM THE DATE OF THE FAILED TEST. AFTER A PERIOD OF ONE (1) YEAR, THE INDIVIDUAL WILL BE ELIGIBLE TO RE-APPLY AGAIN, AND MAY BE HIRED IF BOTH THE QUALIFICATIONS FOR EMPLOYMENT ARE MET AND THE INDIVIDUAL ALSO SUCCESSFULLY PASSES THE PRE-EMPLOYMENT DRUG TESTING REQUIREMENT.

I have read the foregoing and agree to comply with all County pre-employment requirements.

Applicant Signature _____ Date _____

**REQUEST/CONSENT FOR INFORMATION OF
ALCOHOL AND DRUG TESTING RECORDS**

SECTION 1: TO BE COMPLETED BY CANDIDATE

Date: _____ Print Name: _____

Signature: _____

I was employed by _____
(Name of Previous Employer)

from _____ to _____

as _____
(Title of Position Held)

I hereby authorize _____ to release and forward
(Name of Previous Employer)

all information on my Drug and Alcohol testing records to Gila County Personnel Department, 1400 East Ash Street,
Globe, Arizona 85501

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER (see next page for Authority)

While in your employ has:

1. the above named candidate ever tested positive for a controlled substance in the last two years?

Yes No

2. the above named candidate ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last two years?

Yes No

3. the above named candidate ever refused a required test for drugs and/or alcohol in the last two years?

Yes No

If **YES** to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number:

Name: _____

Address: _____

Phone No: _____

Name/Title of person completing this form: _____

Phone No. _____ Date Completed: _____

SECTION 3: TO BE COMPLETED BY THE GILA COUNTY PERSONNEL DEPARTMENT

Received by: _____ Date Received: _____

If all the above are "No" date the candidate will start work: _____

If one or more of the above are "Yes" date candidate notified of results: _____

And candidate informed that he/she will be ineligible for a position requiring a CDL form _____ to _____

Notes: _____



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 then 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. **Birthday:** _____

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).

AUTHORITY

This consent/request form is in compliance with §382.405 (f) and (h), which state:

- (f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.
- (h) An employer shall release information regarding a driver's records as directed by the specific written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

§382.413 (a) (b) (c) (e) (f) further state:

- (a) An employer may obtain, pursuant to a driver's written consent, any of the information concerning the driver which is maintained under this part by the driver's previous employers.
- (b) An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the preceding two years, which are maintained by the driver's previous employers under §382.401 (b) (1) (i) through (iii).
- (c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 14 days after the first time a driver performs safety-sensitive functions for an employer.
- (e) The prospective employer must provide to each of the driver's employers within the two preceding years the driver's specific, written authorization for release of the information in paragraph (b).
- (f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted.

**CONSENT AGREEMENT FOR
SUBSTANCE ABUSE SCREENING
AND SALIVA AND/OR BREATH ALCOHOL TESTING**

I hereby voluntarily consent to allow the Company's designated representative to collect urine, saliva, or breath samples as necessary for substance abuse and alcohol screening in accordance with the Federal Motor Carrier Safety Regulations.

I give my consent for the release of screening results to appropriate Company management or their designated representative.

This consent is valid for use on pre-placement, post-accident, random, for-cause and other screening as required by changes in statutory regulations. I understand that a positive result will disqualify me from the operation of a commercial motor vehicle for the Company, and I must complete the re-certification requirements and return to duty requirements as required.

Printed Name

Date

Signature

Social Security Number

DRIVER'S CERTIFICATION OF DRIVING VIOLATIONS

As required by the FMCSR, each driver shall furnish the following list and certification of all violations of motor vehicle traffic laws and ordinances that the driver has been convicted, or as a result of which he has forfeited bond or collateral during the previous 12 months. Violations involving only parking need not be reported.

DATE	OFFENSE	LOCATION	VEHICLE TYPE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the above list of violations is a true and complete list of traffic violations required to be listed for the preceding 12 months.

If no violations are listed above, I certify that there are no reportable violations against me for the preceding 12 months.

Driver's Name _____

License No. _____ **Issuing State** _____ **Expiration Date** _____

Driver's Signature _____

Motor Carrier's Name _____

Motor Carrier's Address _____

Reviewed by Signature _____

Printed Name _____ **Title** _____

**CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

The Federal Motor Carrier Safety Regulations contain some requirements that you, as a driver must comply with. These requirements are:

- 1) You, as a commercial vehicle driver, may not possess more than one license. If you currently have more than one license, you should keep the license from the state you reside in and RETURN the additional license to the appropriate state with a written request you no longer want the license issued.
- 2) Part 392.42 and Part 383.33 of the FMCSE required that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. Additionally, you are required to notify your employer within 30 days any time you violate a state or local traffic law (other than parking).

DRIVER CERTIFICATION

I certify I have read and understand the above requirements. The following driver's license is the only driver's license I will have.

License Number _____ **Issuing State** _____

Expiration Date _____ **Endorsements** _____

Driver's Signature _____ **Date** _____

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 Human Resources 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, SPHR
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Erica Raymond
Human Resources Assistant
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Ext. 4253



Juley D. Bocardo-Homan
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Ext. 8724

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Ext. 8723

Gila County Human Resources
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