State of Arizona - Gila County
Gila County Sheriff's Office – 1177 East Monroe Street - Globe
Employment Application
AN EQUAL OPPORTUNITY EMPLOYER

TO ALL APPLICANTS - FOLLOW DIRECTIONS CAREFULLY.

- Use blue or black ink to complete the application.
- If a question does not apply to you, write "DNA" in the space provided for that question.
- If you need additional space, write your response on the attached continuation form.
- Failure to follow instructions, filling out the application with false information or incomplete Information will delay the background process or eliminate you from further processing. All information provided by the applicant will be verified.

BEFORE SUBMITTING APPLICATION:

Please attach the following documentation to your application; no application can be processed without the following:

- Cover Letter
- Resume
- Applicant's Birth Certificate
- Social Security Card
- Driver's License
- Marriage License
- High School Diploma or GED Certificate
- DD-214 Military Discharge Form
- AZPOST Certification (if applicable)

Your interest in Gila County Sheriff's Office Career Opportunities is appreciated. 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/gender, religion age or disability in employment or the provision of services.

GILA COUNTY SHERIFF'S OFFICE
CIVILIAN/VOLUNTEER CRITERIA STANDARDS
FOR CONSIDERATION OF DISQUALIFICATION

1. Any misleading or untruthful statements during any portion of your processing.

2. Any felony conviction. No time limit.

3. Participation in any serious criminal act.

4. Any misdemeanor conviction involving narcotics, drugs or marijuana.

5. Any selling of narcotics, drugs or marijuana.

6. Any illegal use of opiate narcotics, hallucinogens and/or other dangerous drugs (includes LSD, PCP, Pyeote, mescaline, codeine, heroin, morphine, opium, Psilocybin, cocaine, hash, speed, barbiturates, etc.).

7. Any recent illegal use of marijuana.

8. Any excessive illegal use of marijuana.

9. Dishonorable discharge from U.S. Military.

10. Any history of disregard for traffic laws with such frequency so as to indicate disrespect for traffic laws and a disregard for the safety of other persons on the highway.

11. Any sexual conduct prohibited by law.

Please confirm that you have read, understand and agree to the aforementioned conditions and criteria by signing below.

_____ _____

Signature Date

TO THE APPLICANT:

An extensive background investigation will be conducted into your personal history. Applicants will be required to take a polygraph examination to confirm the information in this questionnaire and to determine other items of background information.

The applicant is not entitled to and will not receive a copy of the background investigation report or to know it's contents. The background investigation report will be used in the evaluation process for employment with Gila County Sheriff's Office. No documents submitted will be returned and no copies of any other reports or documents utilized during the application process for employment will be furnished to the applicant.

YOU WILL NOT BE ADVISED OF THE REASON FOR NON-SELECTION, other than the written test results.

Where written explanations are required in this form, it is MANDATORY that the information be listed TOTALLY AND COMPLETELY.

NOTE: Appropriate attire is required for all steps of your processing, including all interviews, polygraph examinations and employee Oral Boards. Failure to comply may result in removal from the hiring process.

Waiver of Liability and Release Form
Gila County Sheriff's Office

In consideration of the Gila County Sheriff's Office, hereinafter referred to as the Agency, processing of my application for employment, I,_____
Hereby irrevocably agree to the following terms and conditions: *(Please Print)*

1) The term "back-ground investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.

2) I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent or employee of Agency who may conduct my background investigation.

3) I hereby release from liability and promises to hold harmless, under any and all possible causes of legal action, any and all persons or entities who shall furnish any information or opinions to the officers, agents or employees of the Agency who conduct my background investigation.

4) I authorize any person or entity contacted by the Agency's officers, agents or employees during the course of my background investigation, to furnish to such officers agents or employees any information or opinions they may have and hereby expressly waive any and all legal privileges I may have including but not limited to the attorney-client privilege, the physician-patient privilege, the psychotherapists-patient privilege, the clergyman-penitent, the husband-wife privilege, and the accountant-client privilege.

5) I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the agency or any of its officer, agents or employees for any statements, acts or omissions in the course of my background investigation.

6) I expressly waive all of my legal rights and cause of action to the extent that the Agency background investigation may violate or infringe upon these legal rights and causes of action.

7) I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing that such information must of necessity remain confidential.

I release from liability given by me to the political division, the Agency, its officers, agents and employees, all others as mentioned above, shall apply to any rights of action arising from the denial of employment opportunity of the Agency, based on information received from the background investigation. ***Read carefully before signing.***

_____
Printed Name

_____
Signature Date

Revised August 2005
Form 0508.006

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: _____ 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

Other than English, 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: _____

From: _____ To: _____ Did you graduate? Yes ◯ No ◯ Degree: _____

Undergraduate College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ◯ No ◯ Degree: _____

Graduate College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ◯ No ◯ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ◯ No ◯ 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 HUMAN RESOURCES 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).

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 of 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.

Military Service

Military Service: ☐ Yes ☐ No (If "yes" a copy of DD-214 will be required)	Branch of Service: Honorable Discharge: ☐ Yes ☐ No	Date Entered: Date Separated:	Were you ever arrested, cited or apprehended by Military Police? ☐ Yes ☐ No
Are you currently a member of a US Reserve or a National Guard Unit? ☐ Yes ☐ No	Were you ever subject to a report or investigation by Military Police or CID, NIS, OSI? ☐ Yes ☐ No	Did you ever receive a court material or non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ) ☐ Yes ☐ No	

References

List three (3) references (not relatives or former employers) that have known you for at least 1 year. *Be sure to give complete addresses and phone numbers as they will be contacted for confirmation.*

#1

Name				Length of Time Known:	
Address				Phone Number:	
City		State		Zip Code	

#2

Name				Length of Time Known:	
Address				Phone Number:	
City		State		Zip Code	

#3

Name				Length of Time Known:	
Address				Phone Number:	
City		State		Zip Code	

Residences

List ALL Residences for the past five years. Attach a separate piece of paper if necessary.

From	To	Street Address	City	State/Country

Drivers License

Drivers License Number:

State: Expiration:

Birth Record

Date of Birth:

City & State Born in: