



# 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.

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**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 GILA COUNTY HUMAN RESOURCES 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: \_\_\_\_\_

## **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 its contents. The background investigation report will be used in the evaluation process for employment with Gila County Payson Regional Constable'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.



**GILA COUNTY  
PAYSON REGIONAL CONSTABLE'S OFFICE**

108 W Main Street  
Payson, Arizona 85542

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**Waiver of Liability and Release Form**

In consideration of the Gila County Payson Regional Constable'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.**

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Printed Name

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Signature

Date



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

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**Applicant Name**

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**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 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.