



GILA COUNTY

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

AN EQUAL OPPORTUNITY EMPLOYER

Dear Applicant:

Please read the following instructions before filling out the online application.

- The online application uses Adobe Reader; the latest version of Adobe Reader is needed to complete the application. The latest version of Adobe Reader can be found at <http://get.adobe.com/reader/>. Mac users please note which program is opening the application, if it is not Adobe Reader, there will be issues with saving the completed application.
 - Before completing the application, verify that data typed in the application can be saved. If the application is unable to be saved, the application can be printed and mailed to Gila County Human Resources, 1400 E. Ash St., Globe, AZ 85501 or fax to (928)402-4252.
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Sending your application online

- Complete the application.
 - There is no need to sign this document using Adobe's signature tool.
 - Select the save button at the top of the application. It will take you to the Employee Application Agreement (pg.9). Please read the Agreement thoroughly.
 - By accepting the terms of the agreement the application is now enabled to be sent via email. Please note that clicking the "Yes, I Accept" is a binding form of your electronic signature.
 - In order to send the application through email, save the application to a location on your computer. After saving the application, open your email, compose a new message and attach the application. Send the application to employment@gilacountyaz.gov.
 - If the application was successfully received, an automatic reply email will be sent. If you do not receive this automatic reply email, check your sent items to ensure that your application was successfully sent. Please note that if you are applying for multiple positions within the same day, you may only receive one automated response. If you would like to confirm receipt of your application, please feel free to email employment@gilacountyaz.gov or call at the number listed below.
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If you are having difficulties submitting your application online, please contact Human Resources at (928)402-4361 or by email, employment@gilacountyaz.gov.



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EMPLOYMENT APPLICATION

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

Position Title: _____
Job Code: _____ Department/Location: _____

PERSONAL:

Name: _____
Last First Middle
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 N/A

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: _____
Did you graduate? Yes No If no, do you have a GED? Yes No GED Institute: _____

Undergraduate
College: _____ Address: _____
Did you graduate? Yes No Degree: _____ Major/Subjects of Study: _____

Graduate
College: _____ Address: _____
Did you graduate? Yes No Degree: _____ Major/Subjects of Study: _____

Other: _____ Address: _____
Did you graduate? Yes No Degree: _____ Major/Subjects of Study: _____

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: _____



Gila County Human Resources Department Background Authorization

I hereby give Gila County Human Resources the right to make a thorough investigation of my background including:

- Criminal Record
- Driving Record
- Personal References
- Social Media
- Past Employment/Volunteer Status
- Educational/Professional Status
- Credit Check

And any other persons or sources as appropriate for the position for which I have expressed an interest.

I release from liability all persons, companies, and corporations supplying such information and indemnify and hold harmless Gila County from any liability which might result from such an investigation.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration.

I understand that information collected during this background check will be limited to that appropriate to determine my suitability for certain positions and that all such information collected during the check will be kept confidential.

I hereby extend my permission to those individuals or organizations contacted, for the purpose of this background check, to give their full and honest evaluation of my suitability for the described position and such other information, as they deem appropriate.

Signed: _____ Date: _____

Name: _____

Previous name(s)/alias: _____

DOB: ____/____/____ Social Security # ____-____-____

Driver's License # _____ State issued: _____



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 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.

