



EMPLOYMENT APPLICATION
Yavapai County Human Resources

1015 Fair St. • Prescott, AZ 86305
 (520) 771-3251 • Fax: (520) 771-3419

AN EQUAL OPPORTUNITY EMPLOYER
 It is the policy of Yavapai County to provide equal opportunity in employment. Selection and employment of applicants shall be made on the basis of their qualifications, without regard for age, disability, national origin, race, color, religion or sex.
 TTD/TDD NUMBER FOR HEARING IMPAIRED 776-3530

POSITION TITLE :

POSITION # :

DATE :

Applicant Name (Last, First, M.I.)		Social Security Number - -		Mailing Address (Include City, State, Zip)			
Salary Requirements:	Type of Position : <input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME		Area Preference : <input type="checkbox"/> PRESCOTT <input type="checkbox"/> ANY <input type="checkbox"/> VERDE VALLEY		Date Available for Work		Do you have the legal right to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Phone () -	Work Phone () -	Work Holidays? <input type="checkbox"/> YES <input type="checkbox"/> NO	Work Weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever worked for Yavapai County Government? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, when and what position?			
Have you ever been employed under another name? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, please list:		Have you been convicted of a felony in the last 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please explain and give location: Convictions are evaluated in relation to a position and will not necessarily disqualify employment		
If you are under age 18, please list your age.		Have you ever been discharged from employment? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, please explain:		Do you have relatives working for Yavapai County Government? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, what department?	

WORK HISTORY (Begin with most recent) Are you employed now? YES NO May we contact your present employer? YES NO

Name of Company		Complete Street Address		City, State, Zip		Phone Number () -	
Supervisor's Name		Your Job Title		Date Started	Salary PER	Date Left	Salary PER
Briefly describe your responsibilities and accomplishments				Reason for Leaving:			
				Other Information:			
Name of Company		Complete Street Address		City, State, Zip		Phone Number () -	
Supervisor's Name		Your Job Title		Date Started	Salary PER	Date Left	Salary PER
Briefly describe your responsibilities and accomplishments				Reason for Leaving:			
				Other Information:			
Name of Company		Complete Street Address		City, State, Zip		Phone Number () -	
Supervisor's Name		Your Job Title		Date Started	Salary PER	Date Left	Salary PER
Briefly describe your responsibilities and accomplishments				Reason for Leaving:			
				Other Information:			

WORK HISTORY (Continued)

Name of Company	Complete Street Address	City, State, Zip	Phone Number () -		
Supervisor's Name	Your Job Title	Date Started	Salary PER	Date Left	Salary PER
Briefly describe your responsibilities and accomplishments		Reason for Leaving:			
		Other Information:			

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL LOCATION	CHECK LAST YEAR ATTENDED IN SCHOOL		DEGREE, CERTIFICATE OR ARE OF STUDY	LIST PROFESSIONAL LICENSES/CERTIFICATIONS WHICH ARE REQUIRED FOR THE POSITION YOU ARE APPLYING FOR:													
HIGH SCHOOL		<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11		<input type="checkbox"/> 12	<table border="1"> <thead> <tr> <th>TYPE</th> <th>REGIS. #</th> <th>EXP. DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	TYPE	REGIS. #	EXP. DATE								
TYPE	REGIS. #	EXP. DATE																
COLLEGE		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<p align="center">ARE YOU LICENSED TO PRACTICE IN ARIZONA? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>												
POST GRAD		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4													
BUSINESS OR TRADE		From (Year)	To (Year)		Skills (if applicable): <input type="checkbox"/> Typing _____ wpm <input type="checkbox"/> Operate Dictating Equipment <input type="checkbox"/> Bilingual Other skills:	<input type="checkbox"/> Medical Terminology <input type="checkbox"/> Shorthand _____ wpm <input type="checkbox"/> CRT <input type="checkbox"/> 10-key Computer Skills: List software												
OTHER		From (Year)	To (Year)		Other skills:	List software												
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU HAVE APPLIED, WITH OR WITHOUT ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN:					How did you hear of our job opportunity?													

READ THE FOLLOWING STATEMENT CAREFULLY. APPLICATION IS INVALID UNLESS SIGNED BY THE APPLICANT.

Yavapai County's service orientation philosophy is to treat with respect our public, clients, visitors and co-workers, as they are vital to the success of County Government. All employees are required to adopt and demonstrate through performance this service orientation philosophy. I hereby certify that the facts set forth on this application are true and complete and that any misrepresentation, falsification or willful omission herein shall be sufficient reason for dismissal or refusal of employment. I authorize Yavapai County to investigate all information contained in this application including contacting previous employers. I also grant permission to any previous employer to disclose any and all information concerning my previous employment.

Some positions require pre-employment alcohol/drug testing. If this applies to me, I agree to submit to a test. I also understand I may be required to submit to drug or alcohol testing when reasonable suspicion indicates drugs or alcohol may have contributed to a work related accident or suspicious behavioral incident.

I understand that the terms of my employment, including working conditions, compensations, benefits, hours of work, work schedule, job assignment and location will be determined and/or changed within the discretion of Yavapai County and pursuant to its applicable policies. I understand if I am interviewed or selected as a finalist for a position with the County, my application will be considered "public record," and may be subject to publication. Furthermore, I understand my employment can be terminated at any time due to lack of work, lack of funds, the elimination of my position or other reasons as determined by the Board of Supervisors

Applicant's Signature

Date



APPLICANT PROFILE

Yavapai County Personnel

Yavapai County is an equal opportunity employer. The following requested information is voluntary and necessary for statistical purposes in compliance with government regulations. This data is confidential and will be removed from your application and retained separately.

DATE:

POSITION APPLIED FOR:

Check One:

MALE **FEMALE**

Age Categories:

19 & Under

20 – 29

30 – 39

40 – 49

50 or older