



# COCHISE COUNTY EMPLOYMENT APPLICATION

**Instructions:** Please read the job announcement carefully before completing the application form. Complete each item accurately and specifically. **Resumes may be submitted but will not be accepted in lieu of a completed application.** A separate Cochise County application is required for each position. Application Continuation Sheets should be used if additional space is required. Positions requiring a typing test must have, included with the application, a certification of typing speed administered within six months of application. Incomplete, unsigned, faxed or applications with photocopied signatures will not be accepted. **A completed application must be received at the Department of Human Resources Office on or before 5 p.m. of the stated closing date in order to receive consideration.** In compliance with the Immigration Reform & Control Act of 1986, individuals hired by Cochise County must submit proof of work eligibility.

**PRINT CLEARLY IN INK OR TYPE**

**Position for which you are applying:** \_\_\_\_\_

**Job Announcement Number:** \_\_\_\_\_ **Your full name:** \_\_\_\_\_

Mailing Address: Number, Street: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**EDUCATION**

(College/University, Technical/Trade School)

School Name	Location City/State	Dates of Attendance month/year to month/year		Degree or Certification	Semester hours	Subject
High School Graduate? [ ] Y [ ] N GED ? [ ] Y [ ] N		_____	_____	_____	_____	_____

**Have you ever been convicted of any crime? [ ] Yes [ ] No If yes, please describe in full (when, where, and what).**

**(A conviction does not necessarily disqualify an applicant from employment. All convictions will be weighed against the requirements of the position and the business interests of Cochise County.)**

**Cochise County is an Equal Employment Opportunity Employer. It is County policy not to discriminate as to race, sex, religion, age, color, national origin, or disability in the recruitment, selection, training, assignment of duties, or any other personnel related activity.**

**NOTICE:** Due to a 1991 decision by the Arizona Supreme Court, if you are interviewed or selected as a finalist for a position with the

County, your application and resume are considered "public records". Public records are required by law to be made available during normal business hours to any person, including the news media.

**EMPLOYMENT HISTORY:** Please provide an accurate and complete description of any full-time and part-time work for at least ten years. Include those times which involve service in the armed forces, self-employment or school attendance. This section must be completed in detail. Start with your present or most recent employer. If you have more jobs to list than space allows, continue on Cochise County Application Continuation Sheets. Applications that do not provide information showing that the applicant meets the required minimum qualifications or knowledge, skills, and abilities for the position will be rejected. **Do not refer to a resume.**

1. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Total months: \_\_\_\_ Hours/ week: \_\_\_\_ Salary: \_\_\_\_\_ May we contact? ( )Y( )N  
month year month year

Reason for Leaving: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Description of Duties:

2. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Total months: \_\_\_\_ Hours/ week: \_\_\_\_ Salary: \_\_\_\_\_ May we contact? ( )Y( )N  
month year month year

Reason for Leaving: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Description of Duties:

**EMPLOYMENT HISTORY--Continued**

3. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Total months: \_\_\_\_ Hours/ week: \_\_\_\_ Salary: \_\_\_\_ May we contact? ( )Y( )N  
month year month year

Reason for Leaving: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Description of Duties:

4. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Total months: \_\_\_\_ Hours/ week: \_\_\_\_ Salary: \_\_\_\_ May we contact? ( )Y( )N  
month year month year

Reason for Leaving: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Description of Duties:

Please list and describe any training, licenses, certifications, language proficiencies or other qualifications which have not been previously listed and which you believe relate to the position for which you are applying. Be **specific** in your description.

---



---

Please list three work references who have direct knowledge of your professional experience.

Name	Full Address	Phone	Occupation

Are you 18 years old or over?  Yes  No If no, what is your date of birth?

Do you have the legal right to work in the United States?  Yes  No

**Under penalty of perjury, I hereby certify and affirm that the information contained in this Application and all supplemental attachments is true, complete and correct. I understand that false or misleading statements or the omission of important information made on this Application or any time during the pre-hiring process, may disqualify me from employment or subject me to immediate dismissal if hired.**

**By signing this Agreement, I authorize Cochise County or the County Library or Flood Control District (hereinafter, the "County") to investigate my employment background and qualifications and perform a check for criminal convictions, and I authorize my previous employers to release to the County information concerning my previous employment, education, training, experience, and job performance and any other pertinent information concerning my professional competence, ethics and qualifications for employment.**

**I release my prior employers and their agents, and the County, from any and all liability for damage of any kind that may result to me or my family because of compliance with this authorization to release information.**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

Cochise County Department of Human Resources  
1415 W. Melody Lane, Building C, Bisbee, Arizona 85603  
PHONE # (520) 432-9216  
TDD # (520) 432-9297 FOR THE HEARING IMPAIRED ONLY