



Human Resources Department
 P. O. Box 1387
 31 North Pinal Street
 Florence, Az. 85232
 (520)-868-6227

TELECOMMUNICATION DEVICE FOR THE DEAF (520)868-6379
 24 Hour JOB LINE 1-800-842-5559
 FACSIMILE: (520)-868-6930
 www.co.pinal.az.us/hr

EMPLOYMENT APPLICATION

FOLLOW DIRECTIONS CAREFULLY:

- Ž Read the related job announcement
- Ž Print in ink or type
- Ž Answer all questions completely
- Ž Supply all requested information, resumes may only serve as supplements
- Ž Sign and date the application
- Ž Any false, misleading or incomplete information may be grounds to disqualify you from employment with Pinal County
- Ž Return this application by **5:00 p.m. on the closing date** to the address listed above (If applicable)
- Ž A separate application must be submitted for each position for which you wish to be considered. Legible photocopies are acceptable only if each one contains an original signature, date and job title.

NOTE: Applications will be reviewed and the most qualified invited to an examination and/or interview. Only applicants selected for testing/interview will be notified.

GENERAL INFORMATION

POSITION APPLYING FOR:		ANNOUNCEMENT NO:	
NAME:	(Last)	(First)	(Mi)
MAILING ADDRESS: (Street/P.O. Box)		(City)	
(State)		(Zip)	
PHONE: (Home)	(Work)	(Message)	
SOCIAL SECURITY NUMBER:		-	-

CIRCLE ONE:

Have you ever been previously employed by Pinal County? (Yes) (No)
 If yes, when _____.

Are you under 18 years of age? (Yes) (No)

Are you a United States Citizen or eligible to work in the United States of America? (Yes) (No)

Can you travel if a job requires it? (Yes) (No)

 Within Pinal County? (Yes) (No)

 Outside Pinal County? (Yes) (No)

Have you been convicted of a felony or plead guilty to a felony within the last 7 years?
 (conviction will not necessarily disqualify an applicant from employment) (Yes) (No)

If yes, please explain: _____

If selected, when could you start work? _____

Drivers License No: _____ State: _____ Class: _____

I will accept (check ALL that apply):

SHIFTS

WORKWEEKS

LOCATIONS

- () Days () Mon. - Fri.
- () Evenings () Saturday
- () Rotating () Rotating
- () On-Call
- () Florence
- () Stanfield
- () Superior
- () Oracle
- () Anywhere in Pinal County
- () Coolidge
- () Casa Grande
- () Maricopa
- () Apache Junction
- () Eloy
- () Mammoth
- () San Manuel

POSITIONS:

- () Full Time
- () Part Time
- () Temporary

Language Proficiency (other than English): Indicate "E" for excellent, "G" for good, "F" for fair

LANGUAGE	SPEAK	READ	WRITE

List useful experiences, qualifications or skills that relate to the position for which you are applying. (Examples: volunteer work, shorthand speed, publications, boards or commissions, etc.)

EDUCATION / TRAINING

GRADE SCHOOL

HIGH SCHOOL

CIRCLE THE HIGHEST GRADES COMPLETED

1 2 3 4 5 6 7 8

9 10 11 12

COLLEGES / UNIVERSITIES

ATTENDED	DATES OF ATTENDANCE	MAJOR	DEGREE

OTHER RELATED TRAINING

EMPLOYMENT EXPERIENCE:

List **starting with your present or most recent job**. List each promotion as a separate job. Include service in the armed forces, self-employment and relevant volunteer work. Under "Duties Performed", describe exactly what job duties you performed. List tasks in order of importance, with the most important task first. All information that you wish to be considered must be recorded on the application or continuation sheet. Resumes may serve only as a supplement. **DO NOT WRITE "SEE RESUME"**.

CURRENT OR LAST EMPLOYER:		POSITION HELD:	
ADDRESS:	CITY:	STATE:	ZIP:
SUPERVISOR & TITLE:		PHONE: ()	
Number of hours worked per week:		Type of Business:	
Dates of Employment: FROM: (MO/YR)	TO: (MO/YR)	Reason for leaving:	
Number & Types of positions you supervised:		Annual salary:	
DUTIES PERFORMED:			
CURRENT OR LAST EMPLOYER:		POSITION HELD:	
ADDRESS:	CITY:	STATE:	ZIP:
SUPERVISOR & TITLE:		PHONE: ()	
Number of hours worked per week:		Type of Business:	
Dates of Employment: FROM: (MO/YR)	TO: (MO/YR)	Reason for leaving:	
Number & Types of positions you supervised:		Annual salary:	
DUTIES PERFORMED:			

CURRENT OR LAST EMPLOYER:		POSITION HELD:	
ADDRESS:	CITY:	STATE:	ZIP:
SUPERVISOR & TITLE:		PHONE: ()	
Number of hours worked per week:		Type of Business:	
Dates of Employment: FROM: (MO/YR)	TO: (MO/YR)	Reason for leaving:	
Number & Types of positions you supervised:		Annual salary:	
DUTIES PERFORMED:			

APPLICATION INFORMATION

APPLICATION WILL EXPIRE AFTER SIX MONTHS WITHOUT NOTICE

This application and any other submitted documents become official records of Pinal County and cannot be returned. Applications for Pinal County employment become public records and confidentiality of information contained herein cannot be assumed.

Arizona Revised Statutes (ARS) § 38-492 provides for selection preference of disabled persons and veterans. In order to take advantage of selection preference offered by ARS § 38-492, you are required to fill out the Pinal County Disclosure Form for Disabilities and Veteran's Preference Points. Submit the Disclosure Form with this application to the Pinal County Human Resources Department.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize the Pinal County Human Resources Department, or it's Appointing Authorities, to contact such persons as it deems necessary and question them about my personal or educational background, work experience, character and personality.

I understand that false or misleading information given in my application or interview(s) may result in my removal from further consideration for employment by Pinal County, or, if employed, may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Pinal County.

SIGNATURE: _____ DATE: _____