



ARIZONA DEPARTMENT OF CORRECTIONS

**STAFFING UNIT**1645 W. Jefferson, Suite 140
Phoenix, Arizona 85007
(602) 542-5608**RUSH UNIT** (Correctional Cadets ONLY)363 N. 1st Avenue
Phoenix, Arizona 85003
(602) 255-4170Web Address <http://www.adc.state.az.us:81>

APPLICATION FOR EMPLOYMENT

POSITION TITLE	CLASS CODE
SOCIAL SECURITY NUMBER	ANNOUNCEMENT NUMBER

LAST NAME	FIRST NAME	MIDDLE INITIAL
Other Names Used		

ADDRESS

CITY	STATE	ZIP CODE
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TELEPHONE NUMBERS WHERE WE MAY CONTACT YOU: (Please include AREA CODE)

HOME () MESSAGE PHONE ()

WORK () PAGER ()

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE STATE OF ARIZONA? YES NO IF YES, FOR WHAT AGENCY DID YOU WORK?
DURING WHAT TIME PERIOD AND IN WHAT STATE PAY GRADE?

DEPARTMENT	FROM	TO	PAY GRADE
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IF YES, ARE YOU APPLYING FOR REINSTATEMENT? YES NO

INDICATE THE TYPES OF APPOINTMENT(S) YOU ARE WILLING AND ABLE TO ACCEPT.	INDICATE THE SHIFT(S) YOU ARE WILLING AND ABLE TO WORK. <i>(Security staff must be willing to work all shifts, weekends and holidays.)</i>
<input type="checkbox"/> Permanent <input type="checkbox"/> Limited <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-time	<input type="checkbox"/> Day Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Rotating Shift

INDICATE THOSE STATE PRISON (SP) FACILITIES AND/OR OTHER LOCATIONS FOR WHICH YOU WISH TO BE CONSIDERED AND IN WHICH YOU ARE WILLING TO WORK. (A MAP IS INCLUDED WITH THIS APPLICATION FOR REFERENCE.)

<input type="checkbox"/> B Florence/Eyman (SP)	<input type="checkbox"/> L Lewis/Buckeye (SP)	<input type="checkbox"/> P Central Office (Phoenix)
<input type="checkbox"/> C Perryville/Goodyear (SP)	<input type="checkbox"/> Q Apache (SP)	<input type="checkbox"/> T RUSH (Phoenix)
<input type="checkbox"/> D Winslow (SP)	<input type="checkbox"/> R Tucson (SP)	<input type="checkbox"/> MC Greater Phoenix Metro Area
<input type="checkbox"/> E Douglas (SP)	<input type="checkbox"/> X Globe (SP)	<input type="checkbox"/> PC Greater Tucson Metro Area
<input type="checkbox"/> F Safford/Fort Grant (SP)	<input type="checkbox"/> I Yuma (SP)	<input type="checkbox"/> Z Other _____
<input type="checkbox"/> K Phoenix (SP)	<input type="checkbox"/> H COTA (Tucson)	

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the Department. Requests should be made as early as possible to allow time to arrange the accommodation. This document is available in alternate formats upon request. Correctional Cadet applicants should contact the RUSH Unit; all other applicants should contact the Staffing Unit.

STATEMENT OF CERTIFICATION: By signing this application, I certify that the facts contained in this application packet are true and complete to the best of my knowledge. I understand that if I become employed, falsified statements on this application shall be grounds for dismissal or removal from consideration for eligibility for other state employment or employment examinations. I authorize investigation of all statements and information contained herein. Specifically, I authorize the Arizona Department of Corrections to make all necessary and appropriate investigations allowable by law to verify the information provided. I understand that if I am hired I will be required to produce proof that I have a legal right to work in the U.S.A. in accordance with the IRCA of 1986.

SIGNATURE	DATE
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Name

Announcement #

EDUCATION/TRAINING SCHOOL NAME, CITY AND STATE WHERE LOCATED	DATES ATTENDED		NO. OF SEMESTER OR CREDIT HOURS EARNED	COURSE TITLES OR MAJOR FIELD	DEGREE OR CERTIFICATE RECEIVED
	Mo./Yr.	Mo./Yr.			

IF THE JOB ANNOUNCEMENT REQUIRED YOU TO SUBMIT COLLEGE TRANSCRIPTS AND/OR A COPY OF A LICENSE OR CERTIFICATE, IS THAT DOCUMENTATION ENCLOSED? YES NO NOT APPLICABLE

CERTIFICATIONS
LIST PROFESSIONAL SOCIETY MEMBERSHIPS, JOB RELATED LICENSES, REGISTRATIONS, CERTIFICATES, WITH THEIR NUMBER AND EXPIRATION DATES.

DO YOU POSSESS A VALID ARIZONA DRIVERS LICENSE? IF SO, CHECK (✓) THE CLASS AS IDENTIFIED ON YOUR LICENSE.

CDL A B C D

PERSONAL COMPUTER SKILLS				OFFICE EQUIPMENT SKILLS		LANGUAGES USED		
SOFTWARE <i>(Cite specific type and version. e.g. WordPerfect 6.0)</i>	SKILL LEVEL			<input type="checkbox"/> Typing _____ (WPM) <input type="checkbox"/> Shorthand _____ (WPM) <input type="checkbox"/> Dictation Equipment Other Office/Equipment Skills _____ _____ _____	Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> _____ _____ _____			
	Minimal	Adequate	Proficient					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

CRIMINAL HISTORY
OTHER THAN MINOR TRAFFIC VIOLATIONS, DO YOU HAVE ANY CRIMINAL CONVICTIONS? (IF THIS QUESTION IS NOT ANSWERED, YOUR APPLICATION MAY BE REJECTED.) YES NO

FOR CORRECTIONAL OFFICER APPLICANTS ONLY - DO YOU HAVE ANY CRIMINAL ARRESTS? YES NO

If YES, give details. Describe when, where and disposition of case. A prior felony conviction is not automatically grounds for disqualification, except for classifications of Correctional Officers and Special Investigators. Correctional Officer and Investigator applicants will be required to furnish more specific information on a separate background questionnaire.

EMPLOYMENT HISTORY

INSTRUCTIONS

- PLEASE START WITH YOUR CURRENT OR MOST RECENT EMPLOYER, INCLUDING MILITARY SERVICE, PAID AND VERIFIABLE NON-PAID EXPERIENCE.
- IF YOU HAVE HAD MORE THAN ONE POSITION WITH THE SAME EMPLOYER, LIST EACH POSITION SEPARATELY.
- THE DESCRIPTION OF DUTIES SECTIONS MAY BE SUPPLEMENTED WITH A RESUME; HOWEVER, THE REMAINDER OF THE REQUESTED INFORMATION MUST BE COMPLETED IN FULL.
- REGARDING SALARY, PLEASE INDICATE IF THE AMOUNT REFLECTED IS PER HOUR, WEEK, MONTH OR YEAR.
- PLEASE ENSURE THAT JOB-RELATED EDUCATION AND/OR CERTIFICATION IS PROVIDED IN THE EDUCATION/TRAINING SECTION OF THIS APPLICATION.
- AFTER YOU HAVE COMPLETED THIS SECTION, PLEASE ENSURE THAT YOU HAVE SIGNED AND DATED THE APPLICATION.

A. FROM: MO/YR		TO: MO/YR		JOB TITLE			
TYPE OF BUSINESS		HRS/WK	STARTING SALARY	PER	FINAL SALARY	PER	
SUPERVISOR'S NAME		EMPLOYER'S NAME				TELEPHONE NUMBER	
SUPERVISOR'S TITLE		EMPLOYER'S COMPLETE ADDRESS					
NO. OF EMPLOYEES DIRECTLY SUPERVISED							
NO. OF EMPLOYEES SUPERVISED THROUGH SUBORDINATE SUPERVISORS		REASON FOR LEAVING					
DESCRIPTION OF DUTIES							

B. FROM: MO/YR		TO: MO/YR		JOB TITLE			
TYPE OF BUSINESS		HRS/WK	STARTING SALARY	PER	FINAL SALARY	PER	
SUPERVISOR'S NAME		EMPLOYER'S NAME				TELEPHONE NUMBER	
SUPERVISOR'S TITLE		EMPLOYER'S COMPLETE ADDRESS					
NO. OF EMPLOYEES DIRECTLY SUPERVISED							
NO. OF EMPLOYEES SUPERVISED THROUGH SUBORDINATE SUPERVISORS		REASON FOR LEAVING					
DESCRIPTION OF DUTIES							

Name

Announcement #

C. FROM: MO/YR		TO: MO/YR		JOB TITLE			
TYPE OF BUSINESS		HRS/WK	STARTING SALARY	PER	FINAL SALARY	PER	
SUPERVISOR'S NAME		EMPLOYER'S NAME				TELEPHONE NUMBER	
SUPERVISOR'S TITLE		EMPLOYER'S COMPLETE ADDRESS					
NO. OF EMPLOYEES DIRECTLY SUPERVISED		REASON FOR LEAVING					
NO. OF EMPLOYEES SUPERVISED THROUGH SUBORDINATE SUPERVISORS		REASON FOR LEAVING					
DESCRIPTION OF DUTIES							

D. FROM: MO/YR		TO: MO/YR		JOB TITLE			
TYPE OF BUSINESS		HRS/WK	STARTING SALARY	PER	FINAL SALARY	PER	
SUPERVISOR'S NAME		EMPLOYER'S NAME				TELEPHONE NUMBER	
SUPERVISOR'S TITLE		EMPLOYER'S COMPLETE ADDRESS					
NO. OF EMPLOYEES DIRECTLY SUPERVISED		REASON FOR LEAVING					
NO. OF EMPLOYEES SUPERVISED THROUGH SUBORDINATE SUPERVISORS		REASON FOR LEAVING					
DESCRIPTION OF DUTIES							

E. FROM: MO/YR		TO: MO/YR		JOB TITLE			
TYPE OF BUSINESS		HRS/WK	STARTING SALARY	PER	FINAL SALARY	PER	
SUPERVISOR'S NAME		EMPLOYER'S NAME				TELEPHONE NUMBER	
SUPERVISOR'S TITLE		EMPLOYER'S COMPLETE ADDRESS					
NO. OF EMPLOYEES DIRECTLY SUPERVISED		REASON FOR LEAVING					
NO. OF EMPLOYEES SUPERVISED THROUGH SUBORDINATE SUPERVISORS		REASON FOR LEAVING					
DESCRIPTION OF DUTIES							

F. FROM: MO/YR		TO: MO/YR		JOB TITLE			
TYPE OF BUSINESS			HRS/WK	STARTING SALARY	PER	FINAL SALARY	PER
SUPERVISOR'S NAME			EMPLOYER'S NAME			TELEPHONE NUMBER	
SUPERVISOR'S TITLE			EMPLOYER'S COMPLETE ADDRESS				
NO. OF EMPLOYEES DIRECTLY SUPERVISED			REASON FOR LEAVING				
NO. OF EMPLOYEES SUPERVISED THROUGH SUBORDINATE SUPERVISORS							
DESCRIPTION OF DUTIES							

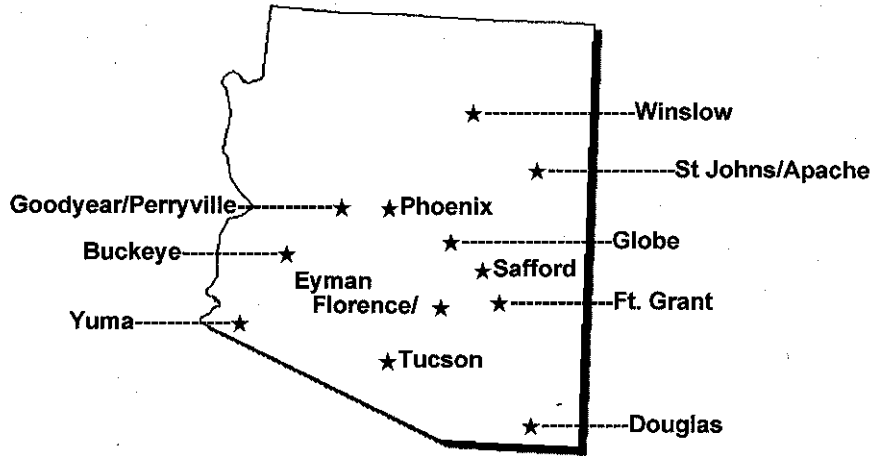
G. FROM: MO/YR		TO: MO/YR		JOB TITLE			
TYPE OF BUSINESS			HRS/WK	STARTING SALARY	PER	FINAL SALARY	PER
SUPERVISOR'S NAME			EMPLOYER'S NAME			TELEPHONE NUMBER	
SUPERVISOR'S TITLE			EMPLOYER'S COMPLETE ADDRESS				
NO. OF EMPLOYEES DIRECTLY SUPERVISED			REASON FOR LEAVING				
NO. OF EMPLOYEES SUPERVISED THROUGH SUBORDINATE SUPERVISORS							
DESCRIPTION OF DUTIES							

H. PLEASE USE THIS SPACE TO DESCRIBE OTHER JOB-RELATED BACKGROUND AND/OR PROVIDE OTHER PERTINENT INFORMATION WHICH YOU HAVE NOT ALREADY PROVIDED.

FROM WHAT SOURCE DID YOU LEARN ABOUT THIS VACANCY?

<input type="checkbox"/> JOB FAIR _____ <small>(Which One?)</small>	<input type="checkbox"/> DES JOB SERVICE OFFICE
<input type="checkbox"/> JOB HOTLINE	<input type="checkbox"/> JOB ANNOUNCEMENT
<input type="checkbox"/> WALKED IN	<input type="checkbox"/> EMPLOYEE REFERRAL
<input type="checkbox"/> FRIEND	<input type="checkbox"/> RELATIVE
	<input type="checkbox"/> PROFESSIONAL PUBLICATION _____
	<input type="checkbox"/> NEWSPAPER _____
	<input type="checkbox"/> OTHER SOURCE _____

ARIZONA DEPARTMENT OF CORRECTIONS PRISON FACILITIES



THIS SECTION TO BE COMPLETED ONLY BY PERSONNEL STAFF

STAFFING <i>(Date Stamp)</i>	RUSH <i>(Date Stamp)</i>		
RUSH APPLICANT TRACKING			
<i>(Date and initial each entry)</i>			
<p>PRE-CHECKED BY _____</p> <p>MEETS MQ'S <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>T & E SCORE _____</p> <p>ANALYST INITIALS _____</p> <p>APPLICANT NOTIFICATION _____</p> <p>WRITTEN EXAM SCORE _____</p> <p>BOARD/PANEL SCORE _____</p> <p>FINAL SCORE _____</p> <p>COMMENTS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>BACKGROUND</p> <p><input type="checkbox"/> Clear _____</p> <p><input type="checkbox"/> Disq _____</p> <p><input type="checkbox"/> Pending _____</p> <p>MEDICAL</p> <p><input type="checkbox"/> Call _____</p> <p><input type="checkbox"/> Ltr _____</p> <p><input type="checkbox"/> Clear _____</p> <p><input type="checkbox"/> Defer _____</p> <p><input type="checkbox"/> Disq _____</p> <p><input type="checkbox"/> Pending _____</p> <p><input type="checkbox"/> N/S _____</p> <p><input type="checkbox"/> N/S _____</p> <p><input type="checkbox"/> BQ Take Home <input type="checkbox"/> BQ Rec'd</p> </td> <td style="width: 50%; vertical-align: top;"> <p>PSYCHOLOGICAL</p> <p><input type="checkbox"/> Clear _____</p> <p><input type="checkbox"/> R/T _____</p> <p><input type="checkbox"/> N/Q _____</p> <p><input type="checkbox"/> AP _____</p> <p><input type="checkbox"/> Disq _____</p> <p><input type="checkbox"/> N/S _____</p> <p>DOCUMENTS</p> <p><input type="checkbox"/> HS/GED _____</p> <p><input type="checkbox"/> BC _____</p> <p><input type="checkbox"/> DL _____</p> <p><input type="checkbox"/> DD214 Not Req'd _____</p> <p><input type="checkbox"/> DD214 Rec'd _____</p> <p><input type="checkbox"/> FB Card Rec'd _____</p> </td> </tr> </table> <p>COMMENTS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>BACKGROUND</p> <p><input type="checkbox"/> Clear _____</p> <p><input type="checkbox"/> Disq _____</p> <p><input type="checkbox"/> Pending _____</p> <p>MEDICAL</p> <p><input type="checkbox"/> Call _____</p> <p><input type="checkbox"/> Ltr _____</p> <p><input type="checkbox"/> Clear _____</p> <p><input type="checkbox"/> Defer _____</p> <p><input type="checkbox"/> Disq _____</p> <p><input type="checkbox"/> Pending _____</p> <p><input type="checkbox"/> N/S _____</p> <p><input type="checkbox"/> N/S _____</p> <p><input type="checkbox"/> BQ Take Home <input type="checkbox"/> BQ Rec'd</p>	<p>PSYCHOLOGICAL</p> <p><input type="checkbox"/> Clear _____</p> <p><input type="checkbox"/> R/T _____</p> <p><input type="checkbox"/> N/Q _____</p> <p><input type="checkbox"/> AP _____</p> <p><input type="checkbox"/> Disq _____</p> <p><input type="checkbox"/> N/S _____</p> <p>DOCUMENTS</p> <p><input type="checkbox"/> HS/GED _____</p> <p><input type="checkbox"/> BC _____</p> <p><input type="checkbox"/> DL _____</p> <p><input type="checkbox"/> DD214 Not Req'd _____</p> <p><input type="checkbox"/> DD214 Rec'd _____</p> <p><input type="checkbox"/> FB Card Rec'd _____</p>
<p>BACKGROUND</p> <p><input type="checkbox"/> Clear _____</p> <p><input type="checkbox"/> Disq _____</p> <p><input type="checkbox"/> Pending _____</p> <p>MEDICAL</p> <p><input type="checkbox"/> Call _____</p> <p><input type="checkbox"/> Ltr _____</p> <p><input type="checkbox"/> Clear _____</p> <p><input type="checkbox"/> Defer _____</p> <p><input type="checkbox"/> Disq _____</p> <p><input type="checkbox"/> Pending _____</p> <p><input type="checkbox"/> N/S _____</p> <p><input type="checkbox"/> N/S _____</p> <p><input type="checkbox"/> BQ Take Home <input type="checkbox"/> BQ Rec'd</p>	<p>PSYCHOLOGICAL</p> <p><input type="checkbox"/> Clear _____</p> <p><input type="checkbox"/> R/T _____</p> <p><input type="checkbox"/> N/Q _____</p> <p><input type="checkbox"/> AP _____</p> <p><input type="checkbox"/> Disq _____</p> <p><input type="checkbox"/> N/S _____</p> <p>DOCUMENTS</p> <p><input type="checkbox"/> HS/GED _____</p> <p><input type="checkbox"/> BC _____</p> <p><input type="checkbox"/> DL _____</p> <p><input type="checkbox"/> DD214 Not Req'd _____</p> <p><input type="checkbox"/> DD214 Rec'd _____</p> <p><input type="checkbox"/> FB Card Rec'd _____</p>		

DIVERSE WORKFORCE VOLUNTARY SURVEY

These items are for statistical reporting purposes ONLY. This page will be torn off and destroyed prior to processing your application.

SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE (Month/Day/Year)
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ETHNIC CATEGORY (✓ Check One)

- AMERICAN INDIAN OR ALASKAN NATIVE: A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA.
- ASIAN OR PACIFIC ISLANDER: A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, THE INDIAN SUBCONTINENT, OR THE PACIFIC ISLANDS. THIS AREA INCLUDES, FOR EXAMPLE, CHINA, INDIA, JAPAN, KOREA.
- BLACK (NOT OF HISPANIC ORIGIN): A PERSON HAVING ORIGINS IN ONE OF THE BLACK RACIAL GROUPS.
- HISPANIC: A PERSON OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICA OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.
- WHITE (NOT OF HISPANIC ORIGIN): A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA, THE MIDDLE EAST.
- OTHER _____

DISABILITY INFORMATION

ARE YOU DISABLED? YES NO

IF YES, AND YOU WISH TO EARN APPLICABLE PREFERENCE POINTS, YOU MUST COMPLETE AND ATTACH AN ARIZONA DEPARTMENT OF ADMINISTRATION SUPPLEMENT NO. 31 (AVAILABLE ON REQUEST).

VETERAN INFORMATION

ARE YOU A VETERAN OF THE UNITED STATES ARMED FORCES? YES NO

IF YES, AND IF YOU WISH TO EARN APPLICABLE PREFERENCE POINTS, YOU MUST ATTACH A COPY OF YOUR DD-214.

ARE YOU THE SPOUSE OF A VETERAN? YES NO

IF YES, AND IF YOU WISH TO EARN APPLICABLE PREFERENCE POINTS, YOU MUST ATTACH A COPY OF THE DD-214.

ARE YOU A DISABLED VETERAN? YES NO

IF YES, AND IF YOU WISH TO EARN APPLICABLE PREFERENCE POINTS, YOU MUST ATTACH A COPY OF YOUR VA CERTIFICATION.

Name

Announcement #

EMPLOYMENT HISTORY SUPPLEMENT

I. FROM: MO/YR		TO: MO/YR		JOB TITLE			
TYPE OF BUSINESS		HRS/WK	STARTING SALARY	PER	FINAL SALARY	PER	
SUPERVISOR'S NAME		EMPLOYER'S NAME				TELEPHONE NUMBER	
SUPERVISOR'S TITLE		EMPLOYER'S COMPLETE ADDRESS					
NO. OF EMPLOYEES DIRECTLY SUPERVISED							
NO. OF EMPLOYEES SUPERVISED THROUGH SUBORDINATE SUPERVISORS		REASON FOR LEAVING					
DESCRIPTION OF DUTIES							

J. FROM: MO/YR		TO: MO/YR		JOB TITLE			
TYPE OF BUSINESS		HRS/WK	STARTING SALARY	PER	FINAL SALARY	PER	
SUPERVISOR'S NAME		EMPLOYER'S NAME				TELEPHONE NUMBER	
SUPERVISOR'S TITLE		EMPLOYER'S COMPLETE ADDRESS					
NO. OF EMPLOYEES DIRECTLY SUPERVISED							
NO. OF EMPLOYEES SUPERVISED THROUGH SUBORDINATE SUPERVISORS		REASON FOR LEAVING					
DESCRIPTION OF DUTIES							

K. FROM: MO/YR		TO: MO/YR		JOB TITLE			
TYPE OF BUSINESS		HRS/WK	STARTING SALARY	PER	FINAL SALARY	PER	
SUPERVISOR'S NAME		EMPLOYER'S NAME				TELEPHONE NUMBER	
SUPERVISOR'S TITLE		EMPLOYER'S COMPLETE ADDRESS					
NO. OF EMPLOYEES DIRECTLY SUPERVISED							
NO. OF EMPLOYEES SUPERVISED THROUGH SUBORDINATE SUPERVISORS		REASON FOR LEAVING					
DESCRIPTION OF DUTIES							