

# Employment Application

## Yavapai County Human Resources

1015 Fair Street · Prescott, AZ 86305  
(928) 771-3252 · Fax: (928) 771-3419  
website: www.co.yavapai.az.us



### 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 disability, national origin, race, color, religion or sex.

TTD/TDD number for hearing impaired (928) 771-3530

**JOB NO:**

**POSITION TITLE:**

**DATE:**

<b>Applicant Name</b> (Last, First, Middle)	<b>Mailing Address</b> (Street Address, City, State, Zip Code)
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<b>Contact Phone</b>	<b>Email Address</b>	<b>Date Available for Work</b>
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<b>Do you have the legal right to work in the U.S.?:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Have you ever worked for Yavapai County Government?:</b> If YES, when and what position?: <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Have you ever been convicted of a felony? If YES, please explain, give location and date:</b> (Convictions are evaluated in relation to a position and will not necessarily disqualify employment.) <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Do you have a valid Arizona driver's license?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Have you ever been employed under another name? If YES, please list:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Have you ever been discharged from employment? If YES, explain.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Do you have relatives working for Yavapai County Government? If YES, Name and Department:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If you are under age 18, please list your age:</b>
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**Are you able to perform the essential functions of the position for which you have applied, with or without accomodation?**  YES  NO  
If no, please explain:

## Work History

Begin with most recent employer

<b>Date Started:</b>	<b>Company:</b>	<b>May we contact this employer?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Salary:</b>	<b>Address:</b>	<b>Phone:</b>
\$	<b>Job Title:</b>	<b>Supervisor:</b>
<b>Date Left:</b>	<b>Describe duties performed:</b>	
<b>Salary:</b>	<b>Reason for leaving:</b>	
\$		

<b>Date Started:</b>	<b>Company:</b>	<b>May we contact this employer?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Salary:</b>	<b>Address:</b>	<b>Phone:</b>
\$	<b>Job Title:</b>	<b>Supervisor:</b>
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<b>Date Started:</b>	<b>Company:</b>	<b>May we contact this employer?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Date Started:</b>	<b>Company:</b>	<b>May we contact this employer?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Salary:</b>	<b>Address:</b>	<b>Phone:</b>
\$	<b>Job Title:</b>	<b>Supervisor:</b>
<b>Date Left:</b>	<b>Describe duties performed:</b>	
<b>Salary:</b>	<b>Reason for leaving:</b>	
\$		

## Education

High School, College, University, Business, Vocational or Technical Board

Name School: \_\_\_\_\_ Location: \_\_\_\_\_ Degree Awarded?  YES  NO  
Area Of Study: \_\_\_\_\_ Degree: \_\_\_\_\_  
Professional License or Certification: \_\_\_\_\_  
License/Certificate No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Licensed in Arizona?  YES  NO

Name School: \_\_\_\_\_ Location: \_\_\_\_\_ Degree Awarded?  YES  NO  
Area Of Study: \_\_\_\_\_ Degree: \_\_\_\_\_  
Professional License or Certification: \_\_\_\_\_  
License/Certificate No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Licensed in Arizona?  YES  NO

Name School: \_\_\_\_\_ Location: \_\_\_\_\_ Degree Awarded?  YES  NO  
Area Of Study: \_\_\_\_\_ Degree: \_\_\_\_\_  
Professional License or Certification: \_\_\_\_\_  
License/Certificate No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Licensed in Arizona?  YES  NO

**Skills** (i.e. typing speed, 10-key speed, foreign languages, computer software skills, etc.)

Please indicate below, any additional skills or information relevant to the position for which you are applying.

**READ THE FOLLOWING STATEMENT CAREFULLY. APPLICATION IS INVALID UNLESS SIGNED BY THE APPLICANT.**  
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 employers. I also grant permission to any previous employer to disclose any and all information concerning my previous employment. 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



# Yavapai County

## AFFIRMATIVE ACTION INFORMATION

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

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**Position Applied for:** \_\_\_\_\_ **Job No.** \_\_\_\_\_

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**Date:** \_\_\_\_\_

**Sex:**  Male  Female

**Age:**  19 & Under  20-29  30-39  40-49  50 and older

**Race/Ethnic Group: (check the appropriate answer)**

Alaskan/American Indian  Asian/Pacific Islander  Black  Hispanic  White

**Veteran's Preference**

In accordance with ARS 38-492, Yavapai County provides preference for the individuals listed below. Please check any that apply to you.

- Veteran:** An individual who is honorably discharged from the U.S. Armed Forces after at least 6 months of active duty.
- Disabled Veteran:** An honorably discharged veteran who served on active duty in the Armed Forces at any time and who has a service connected disability or is receiving compensation or disability retirement benefits under laws administered by the Veteran's Administration, Army, Navy, Air Force, Coast Guard or Public Health Service.
- Spouse or Surviving Spouse of:**
  1. A veteran who died of a service-connected disability.
  2. A member of the Armed Forces listed for at least 90 days as missing-in-action; captured by hostile force; or forcibly detained by a foreign power.
  3. A veteran with total, permanent service-connected disability who died while such a disability was in existence.

I understand that in order to be given this preference, I must provide the Human Resources Department with a copy of documentation in support of the above claim before the closing date of the job. (This form itself is not considered documentation). Contact your local Veteran's Administration (VA) to obtain certifying materials.

**Where did you first learn about the job?**

- County Job Hotline
- Walk-in
- County Employee (please specify \_\_\_\_\_)
- Newspaper (please specify \_\_\_\_\_)
- Internet Site (please specify \_\_\_\_\_)
- Other (please specify \_\_\_\_\_)