



COCHISE COUNTY EMPLOYMENT APPLICATION

Revised 9/2014

Cochise County is an Equal Employment Opportunity Employer. It is County policy not to discriminate against any employee or applicant for employment because of race, color, religion, age (40 years and older), sex, handicap, national origin, ancestry, physical disability, genetic information or Veteran status.

Instructions: Please read the job announcement carefully before completing the job application form. Applications are only accepted for positions currently open for recruitment. 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 job application is required for each position for which you apply. **A completed job application must be received by the Department of Human Resources on or before 5 PM Mountain Time of the stated closing date in order to receive consideration, applications will not be accepted after this date and time. Faxed applications or email applications will not be considered.** In compliance with the Immigration Reform & Control Act of 1986, individuals hired by Cochise County must submit proof of work eligibility. Cochise County is in compliance with the Legal Arizona Workers Act (A.R.S. §23-211). Per Arizona law, applications and resumes are considered "public records". Public records are required by law to be made available to any person, including the news media (A.R.S. §39-121).

PRINT CLEARLY IN INK OR TYPE WRITTEN

Position for which you are applying: _____

Job Announcement Number: _____

First Name _____	Middle Initial _____	Last Name _____
Mailing Address: _____		
Apt./P.O. Box: _____	City: _____	
State: _____	Zip Code: _____	
Contact Phone Number: () _____	Email Address: _____	

Are you over 18 years old? Yes No

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

Have you ever been convicted of a crime for a misdemeanor or felony? Yes No

If yes, when and where? _____

If yes, please describe in detail the nature of the conviction (charges). Include any conviction that has been legally removed (i.e. expunged or set aside) from your record. A conviction does not necessarily disqualify an applicant from employment, but a false statement or omission will. All convictions will be weighed against the requirements of the position and the best interest of Cochise County.

Have you ever been employed by Cochise County? Yes No If yes, please complete the following information:

Dates of Employment	Department	Job Title

COUNTY NEPOTISM POLICY

Cochise County regulates the employment of family members (blood-related and non-blood related i.e. step-children, in-laws etc.). No relatives may be employed in the same department, functional area or division if reporting to the same first-line supervisor and no supervisor may employ family members within his/her chain of command.

Do you have any relatives who work for Cochise County? Yes No

If yes, please list any family member's name(s): _____

If you are applying for a Deputy Sheriff position, are you at least 21 years of age? Yes No

Driver's License Number: _____ State: _____

Do you have a Commercial Driver's License? Yes No If yes, what class? _____

Do you have a high school diploma or GED? Yes No

COLLEGE/UNIVERSITY, TECHNICAL/TRADE SCHOOL

School Name	Location City/State	Dates of Attendance month/year to month/year	Degree Awarded (i.e. AA, AS, BA, BS, MA, MS, JD, etc.) or Certification If a degree was not awarded then state "None"	Number of Completed Credits (Semester or QTR)	Major/Minor or Study Subject
		____/____ to ____/____			
		____/____ to ____/____			
		____/____ to ____/____			
		____/____ to ____/____			

Language other than English	Language other than English
Speak <input type="checkbox"/> Yes <input type="checkbox"/> No	Speak <input type="checkbox"/> Yes <input type="checkbox"/> No
Read <input type="checkbox"/> Yes <input type="checkbox"/> No	Read <input type="checkbox"/> Yes <input type="checkbox"/> No
Write <input type="checkbox"/> Yes <input type="checkbox"/> No	Write <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

Please provide an accurate and complete description of any work or volunteer service which qualifies you for the job for which you are applying. Include those times which involve service in the armed forces or self-employment. **This section must be completed in detail.** Start with your present or most recent employer. Applicants who do not provide a complete description of job duties which meet the required minimum qualifications or knowledge, skills and abilities for the position will not qualify for the position they are applying. **DO NOT RESPOND "SEE RESUME" IN THE DESCRIPTION OF DUTIES.** Please note that the amount of job related experience is calculated on full time equivalency, i.e. 40 hours per week. If the job related experience is less than full time, it will be pro-rated.

EMPLOYMENT #1

Employer: _____ Job Title: _____

Employer Address: _____

Telephone Number: () _____ May we contact this employer? Yes No

From: _____ / _____ To: _____ / _____ Total Months: _____ Hours Worked Per Week: _____
Month Year Month Year

Salary: _____ Reason for Leaving: _____

Name of Supervisor: _____

Description of Duties:

Was this a supervisory position (i.e. making decisions or recommendations concerning hiring decisions, performance evaluations, disciplinary actions, etc. for employees)? Yes No

If yes, how many employees did you directly supervise? _____

Was this a management position (i.e. being responsible for planning, organizing resources, decision making responsibility, etc.)? Yes No

If Yes, how many employees did you directly manage? _____

If Yes, how many employees did you indirectly manage? _____

EMPLOYMENT #2

Employer: _____ Job Title: _____

Employer Address: _____

Telephone Number: () _____ May we contact this employer? Yes No

From: _____ / _____ To: _____ / _____ Total Months: _____ Hours Worked Per Week: _____
Month Year Month Year

Salary: _____ Reason for Leaving: _____

Name of Supervisor: _____

Description of Duties:

Was this a supervisory position (i.e. making decisions or recommendations concerning hiring decisions, performance evaluations, disciplinary actions, etc. for employees)? Yes No

If yes, how many employees did you directly supervise? _____

Was this a management position (i.e. being responsible for planning, organizing resources, decision making responsibility, etc.)? Yes No

If Yes, how many employees did you directly manage? _____

If Yes, how many employees did you indirectly manage? _____

EMPLOYMENT #3

Employer: _____ Job Title: _____

Employer Address: _____

Telephone Number: () _____ May we contact this employer? Yes No

From: _____ / _____ To: _____ / _____ Total Months: _____ Hours Worked Per Week: _____
Month Year Month Year

Salary: _____ Reason for Leaving: _____

Name of Supervisor: _____

Description of Duties:

Was this a supervisory position (i.e. making decisions or recommendations concerning hiring decisions, performance evaluations, disciplinary actions, etc. for employees)? Yes No

If yes, how many employees did you directly supervise? _____

Was this a management position (i.e. being responsible for planning, organizing resources, decision making responsibility, etc.)? Yes No

If Yes, how many employees did you directly manage? _____

If Yes, how many employees did you indirectly manage? _____

EMPLOYMENT #4

Employer: _____ Job Title: _____

Employer Address: _____

Telephone Number: (_____) _____ May we contact this employer? Yes No

From: _____ / _____ To: _____ / _____ Total Months: _____ Hours Worked Per Week: _____
Month Year Month Year

Salary: _____ Reason for Leaving: _____

Name of Supervisor: _____

Description of Duties:

Was this a supervisory position (i.e. making decisions or recommendations concerning hiring decisions, performance evaluations, disciplinary actions, etc. for employees)? Yes No

If yes, how many employees did you directly supervise? _____

Was this a management position (i.e. being responsible for planning, organizing resources, decision making responsibility, etc.)? Yes No

If Yes, how many employees did you directly manage? _____

If Yes, how many employees did you indirectly manage? _____

EMPLOYMENT #5

Employer: _____ Job Title: _____

Employer Address: _____

Telephone Number: (_____) _____ May we contact this employer? Yes No

From: _____ / _____ To: _____ / _____ Total Months: _____ Hours Worked Per Week: _____
Month Year Month Year

Salary: _____ Reason for Leaving: _____

Name of Supervisor: _____

Description of Duties:

Was this a supervisory position (i.e. making decisions or recommendations concerning hiring decisions, performance evaluations, disciplinary actions, etc. for employees)? Yes No

If yes, how many employees did you directly supervise? _____

Was this a management position (i.e. being responsible for planning, organizing resources, decision making responsibility, etc.)? Yes No

If Yes, how many employees did you directly manage? _____

If Yes, how many employees did you indirectly manage? _____

EMPLOYMENT #6

Employer: _____ Job Title: _____

Employer Address: _____

Telephone Number: () _____ May we contact this employer? Yes No

From: _____ / _____ To: _____ / _____ Total Months: _____ Hours Worked Per Week: _____
Month Year Month Year

Salary: _____ Reason for Leaving: _____

Name of Supervisor: _____

Description of Duties:

Was this a supervisory position (i.e. making decisions or recommendations concerning hiring decisions, performance evaluations, disciplinary actions, etc. for employees)? Yes No

If yes, how many employees did you directly supervise? _____

Was this a management position (i.e. being responsible for planning, organizing resources, decision making responsibility, etc.)? Yes No

If Yes, how many employees did you directly manage? _____

If Yes, how many employees did you indirectly manage? _____

TRAINING

Please list and describe any training (i.e. on the job training, workshops, etc), licenses (i.e. Commercial Drivers License, State Bar of Arizona, Arizona State Board of Nursing, Professional Engineering, etc), 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. If you have any volunteer service which may qualify you for the job for which you are applying please list in the employment section above. NOTE: **Please do NOT paste your resume in this training section.**

PROFESSIONAL REFERENCES

Please list three work references who have direct knowledge of your job or volunteer service experience. Please do not use relatives as professional references.

Name	Occupation	Address	Telephone Number	Email

AFFIRMATION

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 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.

I authorize Cochise County to investigate my employment background and qualifications and perform a check of criminal convictions if required for the position I am applying for. 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, their agents and the County from any and all liability for damages of any kind which may result to me or my family because of compliance with this authorization to release information.

Applicant Signature _____ Date _____



COCHISE COUNTY EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

In order to study our recruitment methods for fairness and effectiveness and to comply with federal guidelines, we request the following information. This information will be kept confidential and will be used only for data tabulation purposes. Completion of this information is optional. Failure to provide the following information will not subject you to any adverse treatment.

Position Applying for: _____		
Job Announcement Number: _____	Date: _____	
First Name _____	Middle Initial _____	Last Name _____
Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
RACE/ETHNIC GROUP:		
<input type="checkbox"/> AF - African American	<input type="checkbox"/> H – Hispanic	
<input type="checkbox"/> AI – American Indian	<input type="checkbox"/> HP – Hawaiian/Pacific	
<input type="checkbox"/> AS – Asian	<input type="checkbox"/> NA – Native American	
<input type="checkbox"/> B – Black	<input type="checkbox"/> O – Two or More (Other)	
<input type="checkbox"/> C – Caucasian	<input type="checkbox"/> PI – Pacific Islander	
WHERE DID YOU FIRST LEARN ABOUT THIS JOB?		
<input type="checkbox"/> Arizona Republic Newspaper	<input type="checkbox"/> Department of Economic Security	
<input type="checkbox"/> Arizona Daily Star/Tucson Citizen	<input type="checkbox"/> Local Newspaper	
<input type="checkbox"/> Career or Job Fair	<input type="checkbox"/> Other Internet Website	
<input type="checkbox"/> Cochise County Employee	<input type="checkbox"/> Posted Job Announcement	
<input type="checkbox"/> Cochise County Website (www.cochise.az.gov)	<input type="checkbox"/> Professional Trade Publication	
<input type="checkbox"/> 'Other', please enter information:		

PREFERENCE POINTS

Cochise County provides employment preference points (A.R.S. § 38-492) for the individuals listed below when a point system is used by a hiring department to evaluate the applicants. If a point system is used employment preference points shall be added to the total interview score earned by the applicant, but only when a passing score is earned without the preference points. Please read the definitions and check only those that apply to you. Please note a maximum of 10 preference points is available. **Preference points are only applicable to initial employment and not to promotions, voluntary demotions or transfers.**

- None**
- VETERAN:** An individual honorably discharged from the US Armed Forces after at least 180 days of active duty. **(5 points)**
- DISABLED VETERAN:** An honorably discharged veteran who served on active duty, has a service-connected disability, and is receiving compensation benefits. **(10 points)**
- SPOUSE OR SURVIVING SPOUSE OF:** A veteran who died of a service-connected disability. **(5 points)**
- SPOUSE OR SURVIVING SPOUSE OF:** A member of the Armed Forces listed for at least 90 days as missing-in-action, captured by hostile forces, or forcibly detained by a foreign power. **(5 points)**
- SPOUSE OR SURVIVING SPOUSE OF:** A veteran with total, permanent service-connected disability or who died from such a disability. **(5 points)**
- DISABLED PERSON:** A person with a physical or mental impairment which substantially limits one or more major life activities, or has a record of such impairment or is regarded as having such impairment. **(5 points)**

In order to be given any preference points, you must provide the Human Resources Department with a copy of the documentation that supports the above claim before the closing date of the Job Announcement. This form itself is not considered documentation.