Print Form

COCHISE COUNTY
EMPLOYMENT APPLICATION

Reserve Deputy

Cochise County is an Equal Employment Opportunity and Affirmative Action 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.

Mail Application to:

Cochise County Sheriff's Office
205 Judd Drive
Bisbee, AZ 85603

PRINT CLEARLY IN INK OR TYPE

Position for which you are applying:

Job Announcement Number:

Your Name: Last **First** **Middle Initial**

Mailing Address:

Number, Street:

P.O. Box:

City, State, Zip Code:

Email:

Social Security #:

Home Phone #: ( )

Work Phone #: ( )

EDUCATION
(College/University, Technical/Trade School)

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

Have you ever been convicted of a 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.)

EMPLOYMENT HISTORY: Please provide an accurate and complete description of any work which qualifies you for the job for which you are applying. Include service in the armed forces or self-employment. **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: (____) _____ If you are a finalist for this position may we contact? (__) Yes (__) No

From: ____ / ____ to ____ / ____ Total months: ____ Hours/ week: ____ Salary: _____
month year month year

Reason for Leaving: _____ Name of Supervisor: _____

Description of Duties: _____

Was this a supervisory or managerial position? (__) Yes (__) No If Yes, please answer following questions:

Supervisory: How many employees did you directly supervise? _____

Managerial: How many employees did you directly supervise? _____

Total number of employees managed (directly and through subordinate supervisors): _____

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2. Employer: _____ Job Title: _____

Employer Address: _____

Telephone: (____) _____ If you are a finalist for this position may we contact? (__) Yes (__) No

From: ____ / ____ to ____ / ____ Total months: ____ Hours/ week: ____ Salary: _____
month year month year

Reason for Leaving: _____ Name of Supervisor: _____

Description of Duties:

Was this a supervisory or managerial position? (__) Yes (__) No If Yes, please answer following questions:

Supervisory: How many employees did you directly supervise? _____

Managerial: How many employees did you directly supervise? _____

Total number of employees managed (directly and through subordinate supervisors): _____

EMPLOYMENT HISTORY – CONTINUED

3. Employer: _____ Job Title: _____

Employer Address: _____

Telephone: (____) _____ If you are a finalist for this position may we contact? (__) Yes (__) No

From: ____ / ____ to ____ / ____ Total months: ____ Hours/ week: ____ Salary: _____
month year month year

Reason for Leaving: _____ Name of Supervisor: _____

Description of Duties: _____

Was this a supervisory or managerial position? (__) Yes (__) No If Yes, please answer following questions:

Supervisory: How many employees did you directly supervise? ____

Managerial: How many employees did you directly supervise? ____

Total number of employees managed (directly and through subordinate supervisors): ____

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4. Employer: _____ Job Title: _____

Employer Address: _____

Telephone: (____) _____ If you are a finalist for this position may we contact? (__) Yes (__) No

From: ____ / ____ to ____ / ____ Total months: ____ Hours/ week: ____ Salary: _____
month year month year

Reason for Leaving: _____ Name of Supervisor: _____

Description of Duties: _____

Was this a supervisory or managerial position? (__) Yes (__) No If Yes, please answer following questions:

Supervisory: How many employees did you directly supervise? ____

Managerial: How many employees did you directly supervise? ____

Total number of employees managed (directly and through subordinate supervisors): ____

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.

REFERENCES: Please list three work references with direct knowledge of your professional experience.

Name	Full Address	Telephone Number/Email	Occupation
		Email:	
		Email:	
		Email:	

Are you 18 years of age or older? [ ] Yes [ ] No If no, what is your date of birth?
Do you have the legal right to work in the United States? [ ] Yes [ ] No

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.

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 District or Flood Control District (hereinafter, the "County") to investigate my employment background and qualifications and perform a check of 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 damages of any kind that may result to me or my family because of compliance with this authorization to release information.

SIGNATURE: _____ **DATE:** _____

Mail application to:
Cochise County Sheriff's Office
205 Judd Drive, Bisbee AZ 85603
Contact number: 520.432.9500

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. The 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 for which you are applying: _____

Job Announcement Number: _____ Date: _____

Your Name: Last _____ First _____ Middle Initial _____

Age: _____ Sex: ☐ Male ☐ Female

Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ American Native ☐ Other: _____

How did you learn about this job? ☐ Posted Job Announcement ☐ Cochise County Website (www.cochisecounty.com)

☐ Cochise County Employee ☐ Bisbee Observer ☐ AZ Range News ☐ Douglas Dispatch

☐ SV Herald/Bisbee Daily Review ☐ Department of Economic Security (DES) ☐ AZ Daily Star/Tucson Citizen

☐ Professional/Trade Publication ☐ Other Internet Site ☐ Other: _____

Cochise County provides civil service preference points for the individuals listed below when a written examination is required for initial employment. The preference points will be added to the employment examination grade earned, but only if a passing score is earned without the preference points. Please read the definitions and check only those that apply to you (a maximum of 10 points may be awarded).

☐ **VETERAN:** An individual who has been honorably discharged from the U.S. Armed Forces after at least 180 days of active duty.

☐ **VETERAN OF THE VIETNAM ERA:** An individual who has been honorably discharged from the US Armed Forces after at least 180 days of active duty during the Vietnam conflict.

☐ **DISABLED VETERAN:** An honorably discharged veteran who served on active duty, has a service-connected disability, and is receiving compensation benefits.

☐ **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 a hostile force, or forcibly detained by a foreign power; or,
3. A veteran with a total, permanent service-connected disability or who died while such a disability was in existence.

☐ **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 an impairment or is regarded as having such an impairment.

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

SIGNATURE: _____ **DATE:** _____

EMPLOYMENT HISTORY—Continuation Sheet

Employer: _____ Job Title: _____

Employer Address: _____

Telephone: (____) _____ If you are a finalist for this position may we contact? (__) Yes (__) No

x

From: ____ / ____ to ____ / ____ Total months: ____ Hours/ week: ____ Salary: _____

month year month year

Reason for Leaving: _____ Name of Supervisor: _____

Description of Duties:

Was this a supervisory or managerial position? (__) Yes (__) No If Yes, please answer following questions:

Supervisory: How many employees did you directly supervise? _____

Managerial: How many employees did you directly supervise? _____

Total number of employees managed (directly and through subordinate supervisors): _____

Employer: _____ Job Title: _____

Employer Address: _____

Telephone: (____) _____ If you are a finalist for this position may we contact? (__) Yes (__) No

From: ____ / ____ to ____ / ____ Total months: ____ Hours/ week: ____ Salary: _____

month year month year

Reason for Leaving: _____ Name of Supervisor: _____

Description of Duties:

Was this a supervisory or managerial position? (__) Yes (__) No If Yes, please answer following questions:

Supervisory: How many employees did you directly supervise? _____

Managerial: How many employees did you directly supervise? _____

Total number of employees managed (directly and through subordinate supervisors): _____