

COCONINO COUNTY EMPLOYMENT APPLICATION

COCONINO COUNTY HUMAN RESOURCES DEPARTMENT

219 E. Cherry Avenue
Flagstaff, Arizona 86001
Phone: (928)779-6702 -- TTY: (928)226-6073
<http://www.coconino.az.gov>

Completing and submitting this application form to the Coconino County Human Resources Department is the first step in a successful hire. This application may be the very first impression we have of you, your skills and abilities. Print or type legibly! Applications must be received by 5:00 p.m. on the closing date of the position to be considered. It is necessary to complete one application form for each position for which you want to be considered. Copies of the application will be accepted; however, each application must have an original signature and specify the applicable job. Additional pages of employment history, which include the same information specified in the Employment History Section, may be submitted. You may attach a resume to enhance your qualifications contained herein. To be notified regarding the status of your application, please complete the Job Status Notification Card on the Affirmative Action Form.

Do you need an accommodation in the application process due to a disability? Yes No
If yes, please describe the desired accommodation.

POSITION APPLYING FOR:

POSITION IS: FULL-TIME PART-TIME TEMPORARY

DEPARTMENT:

PERSONAL INFORMATION

FULL NAME:

MAILING ADDRESS:

City

State

Zip Code

HOME PHONE:

BUSINESS PHONE:

MESSAGE PHONE:

Have you previously worked for Coconino County? Yes No

If yes, give name if different from above

Dates of Employment

Have you been convicted of a felony? (Do not list minor traffic violations) Yes No If yes, give details of date and type of felony

(A yes answer will not necessarily preclude employment by the County)

If the position you are applying for requires a driver's license, do you have a valid Arizona Driver's license? Yes No

If yes, what is the license #

Class

Expiration date

Can you, with or without reasonable accommodation, perform the essential functions of the job for which you have applied: Yes No

HISTORY OF EDUCATION

Check highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12
 Did you receive a High School Diploma/GED? Yes No
 Name and location (City/State) of last high school attended

You may be asked to provide transcripts of all college level course work.

NAME OF SCHOOL AND LOCATION	MAJOR SUBJECT OR COURSE	NO. OF CREDIT HOURS IN MAJOR	MINOR SUBJECT OR COURSE	NO. OF CREDIT HOURS IN MINOR	TITLE OF DEGREE OR CERTIFICATE EARNED
College or University					
College or University					
College or University					
Business, Vocational or Technical School					

OFFICE SKILLS INFORMATION

Specify <u>office equipment</u> you can operate and years of experience:	Typing (WPM)
	Word Processing (WPM)
	Dictation (what method used) WPM

Specify Computer Equipment you can operate and years of experience.

Specify Computer Software you can use and years of experience.

Specify other equipment or tools you can operate and years of experience.

OTHER IMPORTANT INFORMATION

Languages: (Fluency) SPEAK READ WRITE

- English
- Spanish
- Navajo
- Hopi
- Other (list)

List any other training, licenses, certifications, or experience either volunteer or paid which you feel relates to the position for which you are applying. Include dates, # hours per week, company/organization name, job title, duties, etc.

EMPLOYMENT HISTORY

Indicate your experience in each position beginning with your present, or most recent position. If more than one position has been held with the same employer, list each separately. Even if you submit a resume you must still complete this section IN FULL. FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION WILL RESULT IN YOUR APPLICATION BEING DISQUALIFIED. (please add additional sheets if necessary) The amount of experience and the way you describe it, as it pertains to the position you are seeking, will determine whether or not you receive further consideration. It is important to remember that your qualifications will be evaluated on this completed application.

NAME OF EMPLOYER:

ADDRESS:

JOB TITLE:

DESCRIPTION OF DUTIES:

FROM:

TO:

TOTAL MONTHS:

HRS. PER WEEK:

STARTING SALARY:

ENDING SALARY:

NAME & TITLE OF SUPERVISOR:

REASON FOR LEAVING:

MAY WE CONTACT THIS EMPLOYER? YES NO IF YES, PLEASE PROVIDE PHONE #

NAME OF EMPLOYER:

ADDRESS:

PHONE #

JOB TITLE:

DESCRIPTION OF DUTIES:

FROM:

TO:

TOTAL MONTHS:

HRS. PER WEEK:

STARTING SALARY:

ENDING SALARY:

NAME & TITLE OF SUPERVISOR:

REASON FOR LEAVING:

NAME OF EMPLOYER:

ADDRESS:

PHONE #

JOB TITLE:

DESCRIPTION OF DUTIES:

FROM:

TO:

TOTAL MONTHS:

HRS. PER WEEK:

STARTING SALARY:

ENDING SALARY:

NAME & TITLE OF SUPERVISOR:

REASON FOR LEAVING:

EMPLOYMENT HISTORY CONTINUED -NAME OF EMPLOYER:
ADDRESS:

PHONE #

JOB TITLE:

DESCRIPTION OF DUTIES:

FROM:

TO:

TOTAL MONTHS:

HRS. PER WEEK:

STARTING
SALARY:ENDING
SALARY:

NAME & TITLE OF SUPERVISOR:

REASON FOR LEAVING:

NAME OF EMPLOYER:
ADDRESS:

PHONE #

JOB TITLE:

DESCRIPTION OF DUTIES:

FROM:

TO:

TOTAL MONTHS:

HRS. PER WEEK:

STARTING
SALARY:ENDING
SALARY:

NAME & TITLE OF SUPERVISOR:

REASON FOR LEAVING:

CONDITIONS OF EMPLOYMENT

Please read carefully before signing

Pursuant to A.R.S. 39-121, your application and resumJ may be considered public records and, as such, may be made available to any person, including the news media. In submitting this application, I understand that false statements will disqualify me for employment or cause my subsequent dismissal, and that if I am employed, I will be bonded as an employee of Coconino County. I also understand that, if accepted for employment, I shall be required to sign a loyalty oath in addition to providing proof of identity and eligibility to work in the United States in compliance with the Immigration Reform & Control Act of 1986, as a condition of receiving any compensation from the County. In connection with this application, I authorize all corporations, companies, consumer reporting agencies, credit agencies, educational institutions, persons, law enforcement agencies, military services, motor vehicle departments, and former employers to release any information that they may have about me to Coconino County or its agents, and I release them from any liability for doing so. If I accept employment as a non-exempt employee, I agree to work overtime when requested to do so and I understand and agree that overtime may be compensated either by monies or compensatory time off. I further understand that my employment is probationary for a period of one year, and that successful completion of probation does not guarantee permanent employment. I understand and agree that my signature on this document does not constitute a contract of employment. I certify that I am not related to a member of the Board of Supervisors.

Signature of Applicant

Date

COUNTY USE ONLY: Civil Service Preference _____



COCONINO COUNTY

AFFIRMATIVE ACTION INFORMATION

In order to study our recruitment methods for fairness and effectiveness and to comply with Federal guidelines, we respectfully request that you respond to the following questions. The information will be kept confidential and will be used only for those purposes. Completion of the form is voluntary. Refusal to provide this information will not subject you to any adverse treatment.

Position applied for:

Department:

Name:

Age: Under 18
19-40
41+ older

Sex: Female
Male

Race/Ethnic Group (Check the appropriate answer)

White Hispanic Asian
Black Native American Indian Other (Please specify)

Where did you first learn about the job? (Check all that apply)

County Job Announcement Department of Economic Security (DES)
County Employee Newspaper (Please specify)
A Manpower Program Job Fair (Please Specify)
County Website Other (Please Specify)
NationJob.com Other Internet Site (Please Specify)

Coconino County has an affirmative Action Program providing civil service preference for the individuals listed below. Please read the definitions and 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.

Veteran of the Vietnam Era: An individual who served on duty for a least 18 days during the Vietnam conflict and did not receive a dishonorable discharge.

Disabled Individual: A person with a physical or mental impairment, which substantially limits one or more major life activities, or an individual with a record of such impairment.

Special Disabled Veteran: A veteran with a 10% or higher disability rating whom the Department of Veteran Affairs has determined to have a serious employment handicap.

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;
- 3) A veteran with a total, permanent service-connected disability or who died while such a disability was in existence.

I understand that in order to be given 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.

I submitted documentation of the above claim on _____ to the Human Resources Department.

Signature: _____

Coconino County
Human Resources Department
219 E. Cherry
Flagstaff, Arizona 86001-4695

Name:

Address:

Job Status Notification

Re: Position Applied for:

Department:

Thank you for your interest in employment opportunities at Coconino County. We have received your application.

- _ We only accept applications and resumes for positions that are currently open.
- _ You were not selected for an interview for the position.
- _ The position you applied for has been cancelled.
- _ The position you applied for has been filled/closed.
- _ We forwarded your application to the department for their consideration.

We encourage you to remain informed about current job opportunities by reviewing the job postings in the County Administrative Center, 219 E. Cherry., calling our job line at (520)779-6700, visiting our website at <http://co.coconino.az.us> . Our positions are also advertised in the Sunday edition of the Arizona Daily Sun. Thank you, again for your interest in employment at Coconino County.



Human Resources Applicant Survey

The Coconino County Human Resources Department is committed to continuously improving our application process, and to ensuring that County employment opportunities are accessible to all interested citizens. As part of this effort, we have prepared the following survey. Please take a few moments to answer the questions, and return the survey to the Human Resources Department along with your application. We review each survey and appreciate your response.

What is your main source of information, about job vacancies with Coconino County?

*Check one of the following options

County Job Announcement

Job Hot Line

Internet (specify below)

Newspaper (specify below)

County Employee

Dept. of Economic Security

A Manpower Program

Other (specify below)

Please rate the following (Please leave blank if none applies).

Rating: 5=Excellent 4=Above Average 3=Average/Satisfactory

2=Needs Improvement 1=Unsatisfactory

- 1.) If you saw the ad in the newspaper did the ad give sufficient information?
- 2.) Was the location of the applications and job announcements convenient?
- 3.) Did the job announcement give sufficient information to describe the position?
- 4.) Was the format of the job announcement easy to understand?
- 5.) Was the employment application easy to complete?
- 6.) If you used the internet was the web site easy to follow?
- 7.) If you had any interaction with the first floor receptionist, how were you treated?
- 8.) If you had any interaction with the Human Resource dept, how were you treated?

In your opinion, how could we improve our hiring process?

Thank you for your response.

Position applied for:

Date