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LA PAZ COUNTY

1108 Joshua Avenue
Parker, Arizona 85344
(928) 669-6115 TDD (928) 669-8400 Fax (928) 669-9709

EMPLOYMENT APPLICATION

(PLEASE PRINT OR TYPE)

Applicants for all positions are considered without regard to race, creed, color, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

POSITION APPLYING FOR: (*See Job Announcement*)

Position Title: _____ Department: _____

Date: _____

PERSONAL INFORMATION:

Name: _____
Last First Middle

Are you under age 18? ☐ Yes ☐ No Social Security Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s) _____ _____ _____ _____
EMERGENCY CONTACT: Name Phone No.

CURRENT EMPLOYMENT STATUS:

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you legally eligible for employment in the United States of America? ☐ Yes ☐ No
(proof of citizenship or immigration status will be required upon employment)

AVAILABILITY:

You're available for? (Check all that apply) ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

If your application is considered favorable, what date would you be available for work? _____

Can you travel if a job requires it? ☐ Yes ☐ No

ADDITIONAL INFORMATION:

Have you filed an application with La Paz County in the past? ☐ Yes ☐ No

If YES, give date and position applied for: _____

Have you been employed with La Paz County? ☐ Yes ☐ No

If YES, give date and position/department: _____

Are you in any way related (i.e., blood, marriage, adoption, etc.) to any individual presently employed by La Paz County: ☐ Yes ☐ No

If YES, give name and relationship: _____ _____

Have you been convicted of a felony within the last seven (7) years? ☐ Yes ☐ No
(Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain:

"Driver's License No., Class, State, and Expiration Date:"

Employment History (This section must be completed in full; DO NOT indicate "See Resume")

Begin with your present or last job and work back. Account for all time during the past ten (10) years, including periods of unemployment. Attach additional pages if necessary.

1

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $ _____ Ending Salary: $ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

2

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $ _____ Ending Salary: $ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

3

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $ _____ Ending Salary: $ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

4

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $ _____ Ending Salary: $ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

5

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $ _____ Ending Salary: $ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Education and Additionial Information

EDUCATION:

Elementary: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Degree: _____

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Degree: _____

Undergraduate College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Degree: _____

Graduate Professional: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Degree: _____

Other (Specify): _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Degree: _____

ADDITIONAL INFORMATION:

Describe any specialized training, apprenticeship, foreign languages, and other skills which you feel would especially fit you for work with us.

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

REFERENCES:

Please list three (3) professional references.

1

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

2

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

3

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Please Read and Sign Below

I certify that answers given herein are true and complete to the best of my knowledge and understand all answers must be true and complete to the best of my knowledge to be considered for employment, which consideration is a privilege or benefit.

I authorize investigation of all statements contained in or related to this application for employment. I understand all answers given herein are made to La Paz County, its agents and public servants reviewing this application, and authorize disclosure of information contained in the application or discovered by investigation to La Paz County and my employing officer, agency, or department, and as otherwise provided by law.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand making false statements or omissions in connection with this application for the privilege of employment consideration is a crime punishable as provided in Title 13, Arizona Revised Statutes.

I understand, also, that in the event of employment, I am required to abide by all lawful rules and regulations of La Paz County and my employing officer, agency, or department.

THIS ONLINE FORM IS PROVIDED AS A CONVENIENCE ONLY, A SIGNED ORIGINAL APPLICATION MUST BE PRESENTED AT THE LA PAZ COUNTY BOARD OF SUPERVISORS OFFICE LOCATED AT 1108 JOSHUA AVE., PARKER, AZ, PRIOR TO ANY FINAL DETERMINATION BEING MADE ON THE APPLICANT'S BEHALF.

BY CHECKING THIS BOX, ☐ YOU AGREE THAT YOU HAVE READ AND FULLY UNDERSTAND THE ABOVE AND AGREE TO ITS CONTENTS AS STATED.

_____ _____

Date Applicant's Signature

EMPLOYMENT APPLICANT'S AUTHORIZATION FOR BACKGROUND INVESTIGATION AND RELEASE FROM LIABILITY

I, _____, hereby authorize La Paz County, its officers, employees or agents, to investigate my background, including but not limited to, my employment, criminal and academic history and my credentials.

I further authorize any present or former employer, college, university, school, person or legal entity, its officers, agents, or employees, to provide and speak with La Paz County, its officers, employees or agents, concerning any information, records, files or opinions they may have regarding my present or past employment or academic histories, including, but not limited to, my ability to work with others, reputation for honesty, disciplinary actions, work habits and performance.

I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, La Paz County, its officers, employees and agents, as well as any present or former employer, college, university, school, person or legal entity, its officers, agents, or employees, for any statements, acts, or omissions made in the course of the investigation.

This release from liability shall apply to any right of action that might accrue to myself, my heirs, assigns and personal representatives.

A photo copy of this document shall have the same effect as the original.

BY CHECKING THIS BOX, ☐ YOU AGREE THAT YOU HAVE READ AND FULLY UNDERSTAND THE ABOVE AND AGREE TO ITS CONTENTS AS STATED.

_____ _____

Signature of Applicant Date

_____

Applicant's printed name

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