



GRAHAM COUNTY

EMPLOYMENT APPLICATION INFORMATION

EMPLOYMENT PROCEDURES

Please read the job announcement carefully before completing the application. Applications are only accepted for positions currently open for recruitment. Complete each item accurately and specifically. **DO NOT ANSWER "SEE RESUME"**. Resumes may be submitted but will NOT be accepted in lieu of a completed application. A separate application is required for each position that you are applying for. A competitive exam may be administered to rate prospective employees. This may include written, oral, performance, or rating of training and experience measurement. **A completed application must be received by the Board of Supervisors office on or before 6:00 p.m. on the stated closing date in order to receive consideration, applications will not be accepted after this time and date. If this is an open continuous position, applications will continued to be accepted, when the position needs to be filled, applications will be pulled and reviewed. Applicants will then be notified.**

VACATION, SICK LEAVE & HOLIDAYS

Initially Full-time permanent employees accrue 4 hours of vacation leave for 24 pay periods worked annually for a total of 96 hours yearly. New employees will be on a one year probationary period. After six months of service new employees will be eligible to use vacation leave. At 5 years the leave accrual increases to 5 per pay period, at 10 it goes to 6, and at 15 it goes to 7. Employees also accrue 4 hours of sick leave for 24 pay periods, 96 hours annually. In addition the County observes 10 paid holidays a year.

RETIREMENT

Graham County participates in the Arizona State Retirement System, Correction Officer Retirement Plan (CORP), Public Safety Retirement System (PSPRS), and Administrative Office of the Courts (AOC). Both the County and Employee contribute into the plans. The percentages for both the Employer and Employee are set each fiscal year by the respective retirement plans.

INSURANCE

Medical, Life, Short-Term disability, Vision, Prescription and Dental insurance coverage is provided for all full time permanent employees the first month following 30 days of employment. The premium for single coverage is \$25.00 a pay period, \$50.00 a month. The premium for Family coverage is \$125.00 a pay period, \$250.00 a month. All insurance choices will be explained during new employee orientation shortly after an employee starts work.

VETERANS PREFERENCE

Graham County provides employment preference points (A.R.S. § 38-492) for the individuals listed below when a point system is used by the hiring department to evaluate the applicants. 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 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.

- **Veteran**- An individual that was honorably discharged from the US Armed forces after at least 180 days (6 months) 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 of veteran** who is MIA, POW, totally and permanently service connected disabled, or who dies of a service connected disability. Submit verification certificate (available at the Department of Economic Security Veterans Affairs office). (5 points)



GRAHAM COUNTY BACKGROUND AUTHORIZATION

I hereby give Graham County the right to conduct a thorough investigation of my background including, but not limited to:

- Criminal Record
- Driving Record
- Personal References
- Social Media
- Past employment/Volunteer status
- Educational/Professional Status
- Credit Check

And any other persons or sources as appropriate for the position for which I have expressed an interest.

I release from liability all persons, companies, and corporations supplying such information and indemnify and hold harmless Graham County from any liability which might result from such an investigation.

I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration.

I understand that information collected during this background check will be limited to that appropriate to determine my suitability for certain positions and that all such information collected during the check will be kept confidential.

I hereby extend, my permission to those individuals or organizations contacted, for the purpose of this background check, to give their full and honest evaluation of my suitability for the described position and such information as they deem appropriate.

Signed: _____ Date: _____

Name: _____

Previous name(s)/alias: _____

DOB: ___/___/___

Social Security # ____-____-____

Driver's License # _____ State issued: _____



Graham County EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The information listed below is for tabulation purposes only. Completion of this form is optional. Failure to not provide any of this information will not have any impact on hiring. The information provided will help us review our methods for fairness and effectiveness to comply with federal guidelines.

Applicant Name

Position applying for

1. **Gender:** Female Male

2. **Age:** _____

3. **Race/Ethnic Category:**

AF-African American

AI-American Indian

AS-Asian

C-Caucasian

H-Hispanic

HP-Hawaiian/Pacific

NA-Native American

O-Two or More

PI-Pacific Islander

4. **Preference Points:**

Graham County provides employment preference points (A.R.S. § 38-492) for the individuals listed below when a point system is used by the 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-Never served in the armed forces.

Veteran- An individual that was honorably discharged from the US Armed forces after at least 180 days (6 months) of active duty. **(5 points)**

Disabled Veteran- An honorable discharged Veteran who served on active duty, has a service connected disability and is receiving compensation benefits. **(10 points)**

Spouse of veteran who is MIA, POW, totally and permanently service connected disabled, or who dies of a service connected disability. Submit verification certificate (available at the Department of Economic Security Veterans Affairs office). **(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 Resource 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.



GRAHAM COUNTY EMPLOYMENT APPLICATION

921 Thatcher Blvd.

Safford, AZ 85546

Phone (928) 428-3250 Fax (928) 428-5951

DATE & TIME RECEIVED:

RECEIVED BY:

Graham County is an Equal 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 application. 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 application is required for each position that you are applying for. **A completed application must be received by the Board of Supervisors office on or before 6:00 p.m. on the stated closing date in order to receive consideration. Applications will not be accepted after this time and date. If this is an open continuous position, applications will continue to be accepted. When a position needs to be filled, applications will be pulled and reviewed. Applicants will be notified.**

POSITION APPLYING FOR

<i>POSITION</i>		<i>DEPARTMENT</i>	
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PERSONAL INFORMATION

<i>NAME</i>			
	<i>Last</i>	<i>First</i>	<i>Middle</i>
<i>DATE</i>	<i>SOCIAL SECURITY NUMBER</i>		
<i>MAILING ADDRESS</i>			
	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
<i>DATE YOU CAN START</i>		<i>HOME PHONE NO.</i>	
<i>CELL PHONE NO.</i>		<i>WORK PHONE NO.</i>	
<i>IN CASE OF EMERGENCY NOTIFY</i>			
	<i>Name</i>	<i>Address</i>	<i>Phone No.</i>

REFERENCES

Provide the following information on three individuals not related to you that you have known for at least one year:

<i>NAME</i>	<i>ADDRESS</i>	<i>PHONE NO.</i>	<i>YEARS ACQUAINTED</i>
1.			
2.			
3.			

GENERAL INFORMATION

ARE YOU EIGHTEEN YEARS OF AGE OR OLDER?			YES		NO
HOW MANY WORDS PER MINUTE CAN YOU TYPE?					
HAVE YOU SERVED IN THE U.S. MILITARY FOR TWO YEARS OR MORE?			YES		NO
WERE YOU HONORABLY DISCHARGED? IF NO, EXPLAIN UNDER THE COMMENTS SECTION.			YES		NO
ARE YOU CURRENTLY A MEMBER OF THE NATIONAL GUARD OR RESERVES?			YES		NO
MAY WE CONFIRM YOUR EMPLOYMENT HISTORY WITH PAST OR PRESENT EMPLOYERS?			YES		NO
PLEASE INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE:					
HAVE YOU EVER BEEN EMPLOYED BY GRAHAM COUNTY?			YES		NO
IF YES, WHEN AND WHAT POSITION?					
HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER NAME?			YES		NO
IF YES, PLEASE LIST:					
ARE YOU IN ANY WAY RELATED (i.e., blood, marriage, adoption, etc.) TO ANY INDIVIDUAL PRESENTLY EMPLOYED BY GRAHAM COUNTY?			YES		NO
IF YES, PLEASE LIST NAME(S):					
DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE (CDL)?			YES		NO
IF YES, WHAT CLASS?					
IF YOU ARE APPLYING FOR A DEPUTY SHERIFF POSITION, ARE YOU AT LEAST 21 YEARS OF AGE?			YES		NO
WILL YOU ACCEPT (CHECK ALL THAT APPLY):					
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SHIFT WORK <input type="checkbox"/> TEMPORARY					
SHIFTS AVAILABLE TO WORK (CHECK ALL THAT APPLY):					
<input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT <input type="checkbox"/> ROTATING					
DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.			YES		NO
DO YOU OBJECT TO VERIFICATION OF YOUR DRIVING RECORD?			YES		NO
HAVE YOU BEEN CITED FOR ANY MOVING TRAFFIC VIOLATIONS WITHIN THE LAST THREE YEARS?			YES		NO
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY?			YES		NO
IF YES, PLEASE PROVIDE FURTHER INFORMATION IN THE COMMENTS SECTION. 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 GRAHAM COUNTY.					
COMMENTS					

PROVIDING A YES RESPONSE AND COMMENT ON TRAFFIC VIOLATIONS, CRIMINAL RECORD OR DISHONORABLE DISCHARGE DOES NOT ELIMINATE YOU FROM CONSIDERATION.

EMPLOYMENT HISTORY

This section must be filled out completely; 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 self-employment and U.S. military service. Incomplete descriptions may result in lower ratings. Attach additional pages if necessary.

1. Employer		Address		City	State	Employer Phone		Your Supervisor	
Job Title		Hrs/Week	Dates Employed		No. of staff supervised	Final Salary		Reason for Leaving	
			From:	To:		\$	Per		
Duties									
2. Employer		Address		City	State	Employer Phone		Your Supervisor	
Job Title		Hrs/Week	Dates Employed		No. of staff supervised	Final Salary		Reason for Leaving	
			From:	To:		\$	Per		
Duties									
3. Employer		Address		City	State	Employer Phone		Your Supervisor	
Job Title		Hrs/Week	Dates Employed		No. of staff supervised	Final Salary		Reason for Leaving	
			From:	To:		\$	Per		
Duties									
4. Employer		Address		City	State	Employer Phone		Your Supervisor	
Job Title		Hrs/Week	Dates Employed		No. of staff supervised	Final Salary		Reason for Leaving	
			From:	To:		\$	Per		
Duties									
5. Employer		Address		City	State	Employer Phone		Your Supervisor	
Job Title		Hrs/Week	Dates Employed		No. of staff supervised	Final Salary		Reason for Leaving	
			From:	To:		\$	Per		
Duties									

EDUCATION AND TRAINING

High School Name and Location		Did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	If not, do you have a GED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Dates Attended From _____ To _____			Issued by: _____			
Colleges & Universities, including Locations	Dates Attended From _____ To _____	Major	Credits	Degree Awarded?	Type of Degree	Date Completed
Business, Trade, Technical, Military Schools & Locations	Dates Attended From _____ To _____	Subject	Credits	Degree Awarded?	Type of Degree	Date Completed
Drivers License, Professional License and/or Certificates	Issued By	License Number and/or Classification		Date Issued	Date Expires	

PLEASE READ AND SIGN BELOW

Applicants may request any needed accommodation to participate in the application process.

CERTIFICATION

I hereby certify that all statements in this application are true, and I understand that any misstatements or omissions of facts may cause forfeiture of any employment that may be offered:

SIGNATURE: _____ DATE: _____

ALL APPLICATIONS MUST BE SUBMITTED TO THE GRAHAM COUNTY BOARD OF SUPERVISORS OFFICE TO BE CONSIDERED FOR EMPLOYMENT

DO NOT WRITE IN THIS SPACE

FOR OFFICE USE ONLY

Reference Check Yes No Clerical/Verification Test Yes No

Background Check Yes No

Interview Yes No Date: _____ Time: _____

Result of Interview: _____

Start Date: _____ Position: _____ Salary: _____