

Name of Applicant

Arizona State Personnel System

# APPLICATION FOR EMPLOYMENT

Completion of this form in no way constitutes an offer of employment. The information requested is required to provide us with information necessary to consider you for the position for which you are applying.

**PLEASE PRINT LEGIBLY OR TYPE ALL REQUESTED INFORMATION** Date of Application

Position for which you are applying

Last Name  First Name  M.I.

Street Address  City  State  ZIP Code

Contact Phone Number(s) (include area code)  Contact E-mail address

Alternate Phone Number(s) (include area code)  State Agency Applying to

## CONDITIONS OF CONSIDERATION FOR EMPLOYMENT

All information contained on the application is subject to verification. If applicable, the State of Arizona may conduct background checks including, but not limited to, work references, driving records, criminal conviction records and educational attainment.

You may be subjected to a criminal background investigation for some positions. If applicable, your fingerprints may be sent to state and federal law enforcement agencies (DPS and FBI). All offers of employment and continued employment may be subject to a complete review of any criminal convictions you may have. Your failure to make a full and accurate disclosure of any prior conviction(s), or to answer the questions fully and accurately, may result in immediate termination from employment or the rejection of any pending application or offer from the State of Arizona.

## CRIMINAL BACKGROUND INFORMATION (ALL APPLICANTS)

**ALL QUESTIONS MUST BE ANSWERED TRUTHFULLY AND COMPLETELY.** "Crime" as used in this section means *any and all felonies, misdemeanors and serious driving offenses including, but not limited to, driving while under the influence of intoxicating liquor ("DUI") or drugs, extreme DUI, reckless driving, aggressive driving, racing/exhibition of speed, excessive (criminal) speed, leaving the scene of an accident, driving on a suspended, revoked or refused license or any other driving offense that is a misdemeanor (i.e., possible penalty for conviction includes imprisonment or jail time).* "Crime" does not include minor (civil) traffic offenses. If you are not sure how to answer these questions, please ask a member of the Human Resources Department for assistance.

"Convicted" means you have been found guilty of a crime by a court or jury, or have pleaded guilty or nolo contendere ("no contest") to a crime and have been sentenced for a crime, whether imprisoned, incarcerated, placed on probation, fined or received a suspended sentence.

**\*\*NOTE: A criminal conviction(s) may or may not constitute an automatic disqualification for employment.**

Have you ever been convicted of any crime, even if set aside or expunged?  Yes  No

If you answered "yes" to the question above, please give the details of offense(s) for which convicted, date(s) of conviction(s), jurisdiction(s) (court, city, county, state, federal, foreign or military), and disposition(s) on the attached supplemental sheet marked "Criminal Conviction History Form". Exclude tickets for minor traffic and parking violations.

Name of Applicant

## CRIMINAL CONVICTION HISTORY

If you have ever been convicted of any crime, please give the details of the offense(s) for which convicted, date(s) of conviction(s), jurisdiction(s) (court, city, county, state, federal, foreign or military), and disposition(s). Please see page 1 for definition of "crime".

DATE	CONVICTION	MISDEMEANOR OR FELONY	DISPOSITION	LAW ENFORCEMENT AGENCY	CITY	STATE	COUNTY	OTHER FEDERAL, FOREIGN, MILITARY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE USE THE REMAINDER OF THIS PAGE FOR ANY ADDITIONAL INFORMATION

Name of Applicant

Can you provide verification of your eligibility to work in the U.S.?  Yes  No

Are you 18 years of age or older?  Yes  No

**EDUCATION AND TRAINING**

College, University, Trade or Business Schools	City, State (List campus attended)	Degree/Diploma Attained/Year	Hours Earned	Major Area of Study
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Proof of your degree from an accredited College/University may be required upon hire.

Other Training: Name and Location of Institution	Topic of Training	Diploma/Certificate
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

List Current Licenses/Professional Registrations/Certifications	State Received	Expiration Date(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you currently or have you ever worked for the State of Arizona?  Yes  No

If yes, please state the name of the agency and the last employment date, if not included in the employment history below.

List reason for leaving State employment.

Have you ever been dismissed or allowed to resign in lieu of dismissal from a position for misconduct or unsatisfactory service?

Yes  No

If yes, describe the circumstances even if you did not agree with your employer's decision:

Name of Applicant

### EMPLOYMENT HISTORY

List all employers for the past ten (10) years beginning with the most recent first. Account for all time employed, including self employment. If you do not have employment history, please proceed to page six. The State's policy is to verify the past five (5) years of employment history by contacting all supervisors listed below. If we cannot contact all of the supervisors listed, please explain why in the box below:

**HOURS PER WEEK**

**DATES WORKED** From (Mo/Yr)  To (Mo/Yr)

Company Name	<input type="text"/>	Starting Salary	<input type="text"/>	Ending Salary	<input type="text"/>	Position	<input type="text"/>
Address (No., Street, Suite No.)	<input type="text"/>	Per Week, Month, Year			Duties	Supervisor's Name	<input type="text"/>
City, State, ZIP	<input type="text"/>	<input type="text"/>			Reason for Leaving	<input type="text"/>	
Phone Number	<input type="text"/>						

**HOURS PER WEEK**

**DATES WORKED** From (Mo/Yr)  To (Mo/Yr)

Company Name	<input type="text"/>	Starting Salary	<input type="text"/>	Ending Salary	<input type="text"/>	Position	<input type="text"/>
Address (No., Street, Suite No.)	<input type="text"/>	Per Week, Month, Year			Duties	Supervisor's Name	<input type="text"/>
City, State, ZIP	<input type="text"/>	<input type="text"/>			Reason for Leaving	<input type="text"/>	
Phone Number	<input type="text"/>						

Name of Applicant

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Address (No., Street, Suite No.)	<input type="text"/>	Per Week, Month, Year				Duties	<input type="text"/>
City, State, ZIP	<input type="text"/>					Supervisor's Name	<input type="text"/>
Phone Number	<input type="text"/>					Reason for Leaving	<input type="text"/>

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Address (No., Street, Suite No.)	<input type="text"/>	Per Week, Month, Year				Duties	<input type="text"/>
City, State, ZIP	<input type="text"/>					Supervisor's Name	<input type="text"/>
Phone Number	<input type="text"/>					Reason for Leaving	<input type="text"/>

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Company Name	<input type="text"/>	Starting Salary	<input type="text"/>	Ending Salary	<input type="text"/>	Position	<input type="text"/>
Address (No., Street, Suite No.)	<input type="text"/>	Per Week, Month, Year				Duties	<input type="text"/>
City, State, ZIP	<input type="text"/>					Supervisor's Name	<input type="text"/>
Phone Number	<input type="text"/>					Reason for Leaving	<input type="text"/>

Please list any other names you may have used while employed.

If you need additional space, please use the space on Page 6 designated for "Additional Information".

Name of Applicant

### PROFESSIONAL REFERENCES

This page shall be completed if you do not have employment history. If you do have employment history, this form is optional. However, the information on pages four and five should not be duplicated here. Please list the names and contact information of three professional references (current and/or former co-workers, customers, supervisors, teachers, professors, volunteer coordinators, internship managers, etc.) who may be contacted.

Name  Professional Relationship   
Telephone Number  E-mail Address   
Years Known

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Name  Professional Relationship   
Telephone Number  E-mail Address   
Years Known

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Name  Professional Relationship   
Telephone Number  E-mail Address   
Years Known

PLEASE USE THE REMAINDER OF THIS PAGE FOR ANY ADDITIONAL INFORMATION

Name of Applicant

STATE OF ARIZONA  
DRIVER FORM

**Please complete this page if the position you are applying for will require you to drive a vehicle as part of your job responsibilities.**

I understand to operate a personally owned vehicle or fleet motor vehicle for the furtherance of State business purposes, I must have an acceptable driving record and complete applicable driver training as required by Arizona Administrative Code R2-10-207(12).

I understand the Driver Protection Privacy Act of 1994, amended September 1997, prohibits the release of my Motor Vehicle Record for reasons other than matters of motor vehicle or driver safety.

I understand I may be asked and would be responsible for providing a copy of my thirty-nine month motor vehicle record history if I do not have a current Arizona driver license.

Name (print as it appears on your driver license)

Do you have a current valid U.S. driver license?

Yes

No

State Issuing and Driver License Number

Do you have a current valid U.S. commercial driver license?

Yes

No

State Issuing and Driver License Number

Name of Applicant

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatements and falsifications may cause forfeiture on my part of all eligibility to any employment with the State of Arizona and may be cause for rejection of this application, removal of my name from eligibility lists, or dismissal from State employment. In addition, I give the State of Arizona the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency, individual or educational institution assisting the State of Arizona in providing relevant, job-related information that will assist in the process.

**My signature below certifies that I have read and understand this application and agree to the terms and conditions outlined in this document.**

Printed Name

Date

Applicant Signature

Arizona State Government is an AA/EOE/ADA Reasonable Accommodation Employer.

Persons with a disability may request a reasonable accommodation by contacting the Agency Human Resources Office. Requests should be made as early as possible to allow time to arrange the accommodation.