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.

DATE OF APPLICATION _____

PLEASE PRINT LEGIBLY OR TYPE ALL REQUESTED INFORMATION

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? Answer by writing "Yes" or "No" _____
If you have answered "yes" to this question, 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 _____

Does the position you are applying for require you to drive a vehicle as part of your job responsibilities? If yes, please see attached supplemental form marked "Driver Form".

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

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

List Current Licenses/Professional Registrations/Certifications	State Received	Expiration Date(s)

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.

HOURS PER WEEK			
DATES WORKED	From (Mo/Yr)	To (Mo/Yr)	
EMPLOYER	**SALARY**		**OTHER**
Company Name:	Starting: Ending: Per week, month, year		Position:
Address (No., Street, Suite No.)	Duties:		Supervisor's Name:
City, State, Zip			Reason for Leaving:
Phone Number:			

HOURS PER WEEK			
DATES WORKED	From (Mo/Yr)	To (Mo/Yr)	
EMPLOYER	**SALARY**		**OTHER**
Company Name:	Starting: Ending: Per week, month, year		Position:
Address (No., Street, Suite No.)	Duties:		Supervisor's Name:
City, State, Zip			Reason for Leaving:
Phone Number:			

HOURS PER WEEK			
DATES WORKED	From (Mo/Yr)	To (Mo/Yr)	
EMPLOYER	**SALARY**		**OTHER**
Company Name:	Starting: Ending: Per week, month, year		Position:
Address (No., Street, Suite No.)	Duties:		Supervisor's Name:
City, State, Zip			Reason for Leaving:
Phone Number:			

If presently employed, may we contact your employer? ☐ Yes ☐ No

If you need additional space, please use the last sheet of this application. _____

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

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.

_____ _____

Applicant's Signature **Date**

_____

Printed Name

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.

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 “crimes”.

DATE	CONVICTION	MISDEMEANOR OR FELONY	DISPOSITION	LAW ENFORCEMENT AGENCY	CITY	STATE	COUNTY	OTHER FEDERAL, FOREIGN, MILITARY

Name of Applicant _____

STATE OF ARIZONA
DRIVER FORM

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 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

_____

Signature Date

Name of Applicant _____

PLEASE USE THIS PAGE FOR ANY ADDITIONAL INFORMATION