

Military Service

Branch of Service

Dates of Service

Duties/Specialized Training

Education

<i>School</i>	City	State
Dates Attended	Degrees or Diplomas	
<i>School</i>	City	State
Dates Attended	Degrees or Diplomas	
<i>School</i>	City	State
Dates Attended	Degrees or Diplomas	
Describe any specialized training, skills, honors received and/or qualifications:		

Foreign Language

Indicate any foreign languages you can speak, read and/or write:

	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

References

1. Name	Address	Phone Number
2. Name	Address	Phone Number
3. Name	Address	Phone Number

History - Begin with most recent employer. Attach additional sheets as needed. **Must be completed in full.**

Job Title	Dates Employed		Work Performed
Employer	From	To	
Supervisor			
Address	Hourly Rate/Salary		
Telephone Number	Starting	Final	
Reason for Leaving			

Job Title	Dates Employed		Work Performed
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Applicants Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

I understand that neither this document nor any offer of employment from the employer constitute an employment contract.

I understand that false or misleading information given in my application or interview(s) may result in discharge.

In consideration for my employment, I agree to conform to the county's policies, practices, rules/regulations and standards, which may be changed from time to time.

THIS ONLINE FORM IS PROVIDED AS A CONVENIENCE ONLY. IF THIS FORM IS NOT SIGNED, AN ORIGINAL APPLICATION MUST BE PRESENTED AT THE APACHE COUNTY HUMAN RESOURCES DEPARTMENT 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.

Applicant's Signature: _____ Date: _____

Apache County is an equal opportunity employer



Apache County Human Resources

P.O. Box 989
St. Johns, AZ 85936
(928) 337-7940 - (928) 337-7606 Fax

AUTHORIZATION FOR BACKGROUND INVESTIGATION AND RELEASE FROM LIABILITY

I, _____, hereby authorize any previous employer, college, university or school to furnish the Apache County Human Resources Department information concerning any information, records, files or opinions regarding my past employment or academic history. I hereby release the above employers from any responsibility for damage on account of furnishing said information.

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

THIS ONLINE FORM IS PROVIDED AS A CONVENIENCE ONLY. IF THIS FORM IS NOT SIGNED, A SIGNED ORIGINAL MUST BE PRESENTED PRIOR TO ANY FINAL DETERMINATION BEING MADE ON THE APPLICANTS BEHALF.

Signature: _____ Date: _____

Dear Sir/Madame:

_____ has applied for employment with Apache County and has stated that he/she was employed by you in the capacity of _____ from _____ to _____.

Your response to the questions below, which may be returned in the enclosed envelope, will be greatly appreciated.

Sincerely,

Human Resources Department

1. Are the dates of employment substantially correct?

If not, please give correct date

2. What type of work did applicant perform?

3. Why did the applicant leave your service?

4. Would you re-employ applicant in a suitable vacancy?

5. Please comment briefly on applicants work habits, attendance and ability:

Signature: _____ Title: _____ Date: _____