Arizona State Personnel System
APPLICATION FOR EMPLOYMENT (PART 1 OF 2)

Date of Application

Applicant Name (Last, First, MI)

State of Arizona Position for Which You Are Applying:

Job ID #

Job Title

State Agency

Completion of this application form in no way constitutes an offer of employment. The information is required to provide the agency with information necessary to consider you for the position for which you are applying. All information contained on this application is subject to verification. If applicable, the State of Arizona may conduct background checks, including, but not limited to, work references, driving records, and education attainment. If criminal record information is not required prior to or at the time of the initial interview, it may be requested later in the recruitment process. A criminal conviction(s) may or may not constitute an automatic disqualification from employment.

PLEASE PRINT LEGIBLY OR TYPE ALL REQUESTED INFORMATION

Last Name

First Name

M.I.

Street Address

City

State

ZIP Code

Phone Numbers (include area codes)

Cell

Other

Personal E-mail Address

Are you 18 years of age or older? ☐ Yes ☐ No

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

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B visa status)? ☐ Yes ☐ No

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

If yes, EIN

State Agency

Last employment date

List reason for leaving State employment

Have you ever been dismissed or allowed to resign from a position in lieu of dismissal? ☐ Yes ☐ No

If yes, provide the name of the employer, the dates of employment, and describe the circumstances, even if you do not agree with your employer's decision. *(If more space is needed, use the "Additional Information" Section on page 4.)*

Applicant Name (Last, First, MI)

EMPLOYMENT HISTORY

The State's policy is to verify the most recent five (5) years of employment history by contacting current and prior employers. If we cannot contact a specific employer, please explain the reason in the space(s) provided. Account for all time, including self-employment, gaps in employment, or periods of unemployment. If you need additional space, use the block on page 4.

Please list any other names you have used while employed

DATES OF EMPLOYMENT From (Mo/Yr) To (Mo/Yr) Hours per week

Company Name Position

Street Address City State ZIP Code

Company Phone # Starting Salary Ending Salary Per Week, Month, Year

Duties

Supervisor's Name Reason for Leaving

May we contact this employer? ☐ Yes ☐ No If "No", please explain

DATES OF EMPLOYMENT From (Mo/Yr) To (Mo/Yr) Hours per week

Company Name Position

Street Address City State ZIP Code

Company Phone # Starting Salary Ending Salary Per Week, Month, Year

Duties

Supervisor's Name Reason for Leaving

May we contact this employer? ☐ Yes ☐ No If "No", please explain

Applicant Name (Last, First, MI)

EMPLOYMENT HISTORY (continued)

DATES OF EMPLOYMENT From (Mo/Yr) To (Mo/Yr) Hours per week

Company Name Position

Street Address City State ZIP Code

Company Phone # Starting Salary Ending Salary Per Week, Month, Year

Duties

Supervisor's Name Reason for Leaving

May we contact this employer? ☐ Yes ☐ No If "No" please explain

EDUCATION AND TRAINING

(Proof of your degree, license, professional registration or certification may be required upon hire)

College, University, Trade or Business School(s)	City/State (List campus attended)	Degree/Diploma Year Attained	Hours Earned	Major Area of Study

CURRENT LICENSES, PROFESSIONAL REGISTRATIONS/CERTIFICATIONS

Name of license, certification, or professional registration	Accreditation/Institution State Received	Year Attained	Expiration Date

OTHER TRAINING/COURSE WORK

Type/Topic of Training	Accreditation/Institution State Received	Level/Year Attained	Diploma/Certificate

Applicant Name
(Last, First, MI)

PROFESSIONAL REFERENCES
Required for applicants with no prior work history

This page must **be completed if you do not have employment history. Please list the names and contact information of professional references (current and/or former teachers, professors, volunteer coordinators, internship managers, etc.) who may be contacted.**

Name	Professional Relationship	Phone Number	E-mail Address	From - To (Mo/Yr)

ADDITIONAL INFORMATION
Please use the remainder of this page for any additional information.

Applicant Name (Last, First, MI) _____

STATE OF ARIZONA
DRIVER FORM

Please complete this page if the position you are applying 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 (39) 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 of Issue _____ Driver License Number _____

Do you have a current valid U.S. commercial driver license? ☐ Yes ☐ No State of Issue _____ Driver License Number _____

CERTIFICATION AND AGREEMENT

I certify that all the information provided in this application and in support of this selection process (i.e., resume) 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 the document.

Printed Name _____ Applicant Signature _____ Date _____

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.