

APPLYING FOR THE POSITION OF: _____

FOR CLERK'S OFFICE USE ONLY

PIMA COUNTY
CLERK OF THE SUPERIOR COURT
EMPLOYMENT APPLICATION

TEST DATE: _____

TEST TIME: _____

TYPING: _____

DATA ENTRY: _____

REASON: _____

FOR CLERK'S OFFICE USE ONLY

TYPE OR PRINT IN BLACK OR BLUE INK

1. NAME: _____ CELL PHONE : _____ HM/ MESSAGE PHONE: _____
Last First MI

ADDRESS: _____
Street City State Zip Code

2. ARE YOU UNDER 18 YEARS OLD? ____ YES ____ NO ARE YOU A U.S. CITIZEN OR ELIGIBLE TO WORK IN THE U.S.? ____ YES ____ NO

3. IF CURRENTLY EMPLOYED BY PIMA COUNTY, LIST THE DEPARTMENT AND EMPLOYMENT STATUS: _____
____ Permanent ____ Temporary ____ Intermittent/Seasonal ____ Part - Time ____ Full - Time Department

4. WHERE DID YOU HEAR ABOUT THIS POSITION? _____

5. DESIRED SALARY: _____

6. CHECK ALL TYPES OF APPOINTMENTS YOU ARE WILLING & ABLE TO ACCEPT:
____ Permanent ____ Temporary ____ Intermittent/Seasonal ____ Part - Time ____ Full - Time

7. CHECK ALL BOXES YOU WILL ACCEPT:
SHIFTS: ____ DAYS ____ EVENINGS
LOCATIONS: ____ DOWNTOWN ____ JUVENILE ____ SATELLITE PROBATION OFFICES

8. LANGUAGES:
SPEAK ENGLISH SPANISH OTHER*
READ _____
WRITE _____ *Please List Other: _____

9. RELATIVES EMPLOYED AT PIMA COUNTY: Please list Name, Relationship, and Department.

10. ARIZONA DRIVER'S LICENSE: (Please Circle One) CLASS A B C D M Endorsements: _____

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TIME AND DATE STAMP

INSTRUCTIONS: First read related job announcement(s). Complete items 1-17. Be sure to sign and date. Unless otherwise indicated, call the Clerk's Office at (520) 724-3201 to set up an appointment for testing in order to qualify for placement on the Clerk of Court registry as positions open. Bring your completed application on your appointment date.

CLERK OF THE SUPERIOR COURT OF PIMA COUNTY
WORK HISTORY CONTINUATION FORM

CURRENT OR LAST EMPLOYER: _____ POSITION HELD: _____

STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____

SUPERVISOR & TITLE: _____ May we contact? Yes No PHONE: _____

NUMBER OF HOURS WORKED PER WEEK: _____ TYPE OF BUSINESS: _____

FROM: (mo/yr) _____ TO: (mo/yr) _____ REASON FOR LEAVING: _____

NUMBER & TYPE OF POSITIONS YOU SUPERVISED: _____

TASKS PERFORMED: _____

CURRENT OR LAST EMPLOYER: _____ POSITION HELD: _____

STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____

SUPERVISOR & TITLE: _____ May we contact? Yes No PHONE: _____

NUMBER OF HOURS WORKED PER WEEK: _____ TYPE OF BUSINESS: _____

FROM: (mo/yr) _____ TO: (mo/yr) _____ REASON FOR LEAVING: _____

NUMBER & TYPE OF POSITIONS YOU SUPERVISED: _____

TASKS PERFORMED: _____

CURRENT OR LAST EMPLOYER: _____ POSITION HELD: _____

STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____

SUPERVISOR & TITLE: _____ May we contact? Yes No PHONE: _____

NUMBER OF HOURS WORKED PER WEEK: _____ TYPE OF BUSINESS: _____

FROM: (mo/yr) _____ TO: (mo/yr) _____ REASON FOR LEAVING: _____

NUMBER & TYPE OF POSITIONS YOU SUPERVISED: _____

TASKS PERFORMED: _____

SIGNATURE: _____ DATE: _____

CURRENT OR LAST EMPLOYER: _____ POSITION HELD: _____
STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____
SUPERVISOR & TITLE: _____ May we contact? Yes No PHONE: _____
NUMBER OF HOURS WORKED PER WEEK: _____ TYPE OF BUSINESS: _____
FROM: (mo/yr) _____ TO: (mo/yr) _____ REASON FOR LEAVING: _____
NUMBER & TYPE OF POSITIONS YOU SUPERVISED: _____
TASKS PERFORMED: _____

CURRENT OR LAST EMPLOYER: _____ POSITION HELD: _____
STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____
SUPERVISOR & TITLE: _____ May we contact? Yes No PHONE: _____
NUMBER OF HOURS WORKED PER WEEK: _____ TYPE OF BUSINESS: _____
FROM: (mo/yr) _____ TO: (mo/yr) _____ REASON FOR LEAVING: _____
NUMBER & TYPE OF POSITIONS YOU SUPERVISED: _____
TASKS PERFORMED: _____

CURRENT OR LAST EMPLOYER: _____ POSITION HELD: _____
STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____
SUPERVISOR & TITLE: _____ May we contact? Yes No PHONE: _____
NUMBER OF HOURS WORKED PER WEEK: _____ TYPE OF BUSINESS: _____
FROM: (mo/yr) _____ TO: (mo/yr) _____ REASON FOR LEAVING: _____
NUMBER & TYPE OF POSITIONS YOU SUPERVISED: _____
TASKS PERFORMED: _____

12. EDUCATION: HIGH SCHOOL DIPLOMA OR GED? ____YES ____NO

COLLEGE/UNIVERSITY	TYPE OF DEGREE COMPLETED	MAJOR/MINOR	CREDITS	COURSEWORK

TRADE OR TECHNICAL SCHOOL	CLASSROOM HOURS	SUBJECTS	COMPLETION	CERTIFICATE
			____YES	____NO
			____YES	____NO
			____YES	____NO

13. WORKSHOPS OR ON-THE-JOB TRAINING: List any workshops or on-the-job training completed which would be useful in the position you are applying for: (Continue on additional sheet of paper, if necessary, in the same format as below.)

LOCATION OF TRAINING	TRAINING COURSES	NUMBER OF HOURS ATTENDED	COMPLETION	CERTIFICATE
			____YES	____NO

14. PROFESSIONAL LICENSE, REGISTRATION AND/OR CERTIFICATION:

(Other than a driver's license or automobile registration.)

Type of License/Registration	Issuing State	Registration #	Date of Issue	Expiration Date

15. ADDITIONAL INFORMATION: Please include any additional information that you believe would be relevant to this position, including second languages, computer skills, special qualifications, etc.

Specific Computer Skills/Experience _____

Other _____

16. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL ACT?

FELONY? ____YES ____NO

(A felony conviction record will disqualify you from employment.)

MISDEMEANOR? ____YES ____NO

Any offer of employment is contingent upon your successful completion of a criminal background check.

17. APPLICATION INFORMATION: APPLICATION WILL EXPIRE AFTER SIX MONTHS WITHOUT NOTICE.

This application and all attached documents become official records of the Clerk of the Superior Court of Pima County and cannot be returned. Please make a copy for your records before submitting. Applications for employment with the Clerk of the Superior Court of Pima County become public records, and confidentiality of information contained herein cannot be assumed. Failure to submit a truthful and complete application may constitute fraud in securing an appointment, which is cause for disciplinary action up to, and including, dismissal. Arizona Revised Statutes and the Pima County Merit System provide for selection preferences for disabled persons and Veterans. In order to take advantage of the selection preferences, you are required to fill out a Pima County Disclosure Form for Disabilities, Native American and Veteran's Preference Points. Submit the Disclosure Form with your application.

I hereby certify that the information contained on this application is true, correct, and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected; I may be dismissed from employment and disqualified from any employment with Pima County.

I authorize the Clerk of the Superior Court of Pima County to make all necessary and appropriate investigations to verify the information contained herein.

SIGNATURE: _____ DATE: _____

Request for Native American And Veteran Preference Points

PLEASE ATTACH THIS FORM AND ALL REQUIRED DOCUMENTATION TO YOUR
APPLICATION

If you answer yes to any of the following statements, you may complete this form to apply for preference points on examinations and numerically scored certification lists.

Please disregard this form if you would answer “no” to all of the following statements:

I am a Veteran and wish to be considered for Veteran’s Preference Points:

Yes No

If yes, please attach DD Form 214 showing character of discharge.

I am a recognized member of an established American Indian Tribe and wish to be considered for **Native American Preference Points:**

Yes No

If yes, please attach a copy of your tribal membership identification card, CIB or notice of final approval letter.

Print Name

Street Address

City

State

Zip

Classification Applied For: _____

Signature: _____ Date _____

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