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		ate gency				
information nece verification. If app education attainn	essary to consider you for the olicable, the State of Arizona ment. If criminal record informatess. A criminal conviction(s) m	constitutes an offer of employment. The position for which you are applying. All information is not required prior to or at the time of any or may not constitute an automatic disquare.	ormation contained on it not limited to, work re the initial interview, it alification from employ	n this application is su eferences, driving recor may be requested late	ıbject rds, ar		
	PLEASE PR	RINT 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 v	verification of your eligibility to	work in the U.S.?		Yes	No		
Will you now or in	the future require sponsorship	o 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?					No		
If yes, EIN	State Agency		Last employmer	nt date			
List reason for lea							
Have you ever be	een dismissed or allowed to res	sign from a position in lieu of dismissal?		Yes	No		

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.)

If yes, provide the name of the employer, the

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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 From 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?	If "N Yes No plea	lo", se explain	
DATES OF From From (Mo/Yr)		To (Mo/Yr)	Hours per week
Company Name		Position	
Street Address		City	State ZIP Code
Company Phone #	Start Sala		Per Week, Month, Year
Duties			
Supervisor's Name		Reason for Leaving	
May we contact this employer?	Yes No If "N plea	o", se explain	

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Applicant Name (Last, First, MI)

EMPLOYMENT HISTORY (continued)

 DATES OF
 From
 To
 Hours

 EMPLOYMENT
 (Mo/Yr)
 (Mo/Yr)
 per week

Company Position

Name

Street
Address City State ZIP Code

Company Starting Ending Per Week, Month, Year Salary Salary

Duties

Supervisor's Reason for Name 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 City/State Degree/Diploma Hours
School(s) (List campus attended) Year Attained 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

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Applicant Name (Last, First, MI)

PROFESSIONAL REFERENCES Required for applicants with <u>no</u> prior work history

This page must be completed if you do <u>not</u> 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	Applicant	Date
Name	Signature	Duto

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.

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