



**YUMA COUNTY**  
**Human Resources Department**  
**198 South Main Street, Yuma, Arizona 85364**  
**(928) 373-1013 Fax: (928) 373-1153 (TDD) (928) 373-1013**  
**Yuma County Mission Statement**

<b>FOR OFFICE USE ONLY</b>	
Job # _____	
Supplemental Questionnaire	
Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No

“Yuma County Government is dedicated to providing customer-focused services to enhance the health, safety, well being, and future of our entire community”

**EMPLOYMENT APPLICATION**

**READ THE FOLLOWING INSTRUCTION CAREFULLY BEFORE FILLING OUT THE APPLICATION FOR EMPLOYMENT**

All requested information must be furnished, including information requested on supplemental questionnaires. All information you provide will determine your eligibility for the position or further examination process.

If any item does not apply to you, write “NA” for Not Applicable. Note, for completing “Employment History”: Fill in ALL spaces accurately and completely. Include all related work experience, including volunteer and military. All new County employees are required to produce documentation verifying their eligibility for employment in the United States at the time they are hired pursuant to Federal Law.

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED**  
**(SEPARATE APPLICATION REQUIRED FOR EACH POSITION)**  
**COPIES OF ORIGINAL APPLICATIONS ARE ACCEPTABLE**

POSITION APPLYING FOR: \_\_\_\_\_

I will Accept:

<input type="checkbox"/> REGULAR	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> VOLUNTEER
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Full-Time
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Part-Time

**VETERANS POINTS** (DD2-14 must be provided to receive preference points)

- a) Were you Honorably discharged, following more than 180 days active U.S. Military Service?
- b) Were you Honorably discharged, have a service -connected disability and are receiving disability benefits under Federal Laws?
- c) Are you a spouse of a qualified veteran who has a service-connected disability? Or, are you a surviving spouse of a qualified veteran who died of a service-connected disability?

Yes	No

**SECTION A: APPLICANT INFORMATION**

**TYPE OR PRINT CLEARLY**

- Name: \_\_\_\_\_  
Last First M.I.
- \_\_\_\_\_  
Mailing Address (Street Name & Number)
- \_\_\_\_\_  
City State Zip Code
- Home Phone: \_\_\_\_\_ Message: \_\_\_\_\_ E-Mail: \_\_\_\_\_
- Are you currently Employed by Yuma County?  Yes  No
- Have you ever been employed by Yuma County?  Yes  No  
 If Yes, dates employed: \_\_\_\_\_
- Date you are available for work: \_\_\_\_\_

**SECTION B: EDUCATION AND TRAINING**

**TYPE OR PRINT CLEARLY**

7. Do you have a High School Diploma or G.E.D.:  Yes  No  
 Name of School: \_\_\_\_\_ City, State: \_\_\_\_\_

8. List Colleges, Universities, Trade or Business Schools Attended or any other training:

College/Trade School	City	State	Major	Degree	Type	Credit Hrs

9. List position-related licenses, registrations, certificates or professional memberships:

Description	Number	Expires

10. If applying for positions with bilingual (English/Spanish) preference, please answer the following:

Are you proficient in the Spanish Language?  Yes  No

Speak  Read  Write  Translate

11. Please check all areas in which you are proficient:

Y	Software	Version
	Corel Word Perfect	
	Corel Quattro Pro	
	Microsoft Word	
	Microsoft Excel	
	Microsoft Access	
	Microsoft Office	
	GroupWise	
	Adobe Acrobat Reader	
	Internet	
	Other	

Y	Office Machines	Speed (if applicable)
	Typing	
	10-Key by touch	
	Copiers	
	Fax	
	Calculator	
	TDD	
	Multi-Line Phones	
	Mail Postage Machine	
	Shorthand	
	Other	

**SECTION C: EMPLOYMENT HISTORY**

**TYPE OR PRINT CLEARLY**

Begin with your present employment and work back. Account for all time during the past 10 years.

Include additional pages if necessary.

**IF YOU PROVIDE A RESUME, YOU MUST INCLUDE ALL THE INFORMATION REQUESTED ON SECTION C OF THE APPLICATION FOR EACH EMPLOYER, IN THE SAME FORMAT.**

Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Mailing \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_ MM DD YY MM DD YY  
\_\_\_\_\_  
Total: Years: \_\_\_\_\_ Months: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Hours/Week \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

May we contact employer?  Yes  No      Number of people directly supervised: \_\_\_\_\_

DESCRIBE YOUR DUTIES PERFORMED IN THAT POSITION, **DO NOT STATE "SEE RESUME"**

Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Mailing \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_ MM DD YY MM DD YY  
\_\_\_\_\_  
Total: Years: \_\_\_\_\_ Months: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Hours/Week \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

May we contact employer?  Yes  No      Number of people directly supervised: \_\_\_\_\_

DESCRIBE YOUR DUTIES PERFORMED IN THAT POSITION, **DO NOT STATE "SEE RESUME"**



**SECTION C: EMPLOYMENT HISTORY CONTINUED**

**TYPE OR PRINT CLEARLY**

Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Mailing \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_ MM DD YY MM DD YY  
\_\_\_\_\_  
Total: Years: \_\_\_\_\_ Months: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Hours/Week \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
May we contact employer?  Yes  No Number of people directly supervised: \_\_\_\_\_

DESCRIBE YOUR DUTIES PERFORMED IN THAT POSITION, **DO NOT STATE "SEE RESUME"**

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Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Mailing \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_ MM DD YY MM DD YY  
\_\_\_\_\_  
Total: Years: \_\_\_\_\_ Months: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Hours/Week \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
May we contact employer?  Yes  No Number of people directly supervised: \_\_\_\_\_

DESCRIBE YOUR DUTIES PERFORMED IN THAT POSITION, **DO NOT STATE "SEE RESUME"**

**SECTION D: IDENTIFICATION**

Do you have a valid Drivers License:  Yes  No If Yes, Provide:  
 License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been convicted of a Felony?  Yes  No

**\*Convictions are evaluated in relation to job position and will not necessarily preclude employment.\***

If Yes, Provide Date \_\_\_\_\_ City/State \_\_\_\_\_  
 Nature of offense \_\_\_\_\_

**THIS SECTION TO BE COMPLETED ONLY BY APPLICANTS APPLYING FOR POSITIONS WITHIN ADULT PROBATION, JUVENILE COURT, SUPERIOR COURT, CLERK OF SUPERIOR COURT AND THE SHERIFF DEPARTMENTS:**

1. Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year
2. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Answer **ONLY** if you are applying for the position of Deputy, Reserve Deputy or Court Eligibility Worker:

3. Are you a United States Citizen?  Yes  No

**SECTION E: CERTIFICATE OF APPLICANT**

**READ CAREFULLY BEFORE SIGNING**

I, hereby, certify that the facts contained in this application are true, accurate and complete. I understand that any omissions or falsified statements on this application may be cause for disqualification for employment with Yuma County to my dismissal. I, hereby, authorize Yuma County to verify the accuracy of all statements contained in this application, resume, and/or supplemental, and any references and employers listed. I also authorize the employers/references listed to provide Yuma County with all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damages that may result from furnishing such information.

**“I further understand that, if employed in a grant funded position, my continued employment is contingent upon availability of funds and any position will be abolished when the grant expires unless alternate funding is secured.”**

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

HUMAN RESOURCES DEPARTMENT  
 USE ONLY  
 DO NOT WRITE IN THIS SPACE

MEETS MINIMUM QUAL.	<input type="checkbox"/>
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
INCOMPLETE APPLICATION	<input type="checkbox"/>
LACKS EXPERIENCE	<input type="checkbox"/>
LACKS EDUC./CERT.	<input type="checkbox"/>
RECEIVED LATE	<input type="checkbox"/>
ANALYST INITIAL _____	
DATE _____	

How did you learn about this position?

- A.  State Employment Office
- B.  County Employee
- C.  Bulletin Board
- D.  Newspaper
- E.  County Website
- F.  Internet
- G.  Radio
- H.  Other:

# YUMA COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

TO BE COMPLETED VOLUNTARILY BY APPLICANT

**COUNTY OF YUMA  
HUMAN RESOURCES DEPARTMENT**

FOR OFFICE USE ONLY  
Job # \_\_\_\_\_

Please complete this information for statistical purposes. It will be detached from the application, and will not be used to make employment decisions.

Position Applied for: \_\_\_\_\_

Sex:  Female  Male      Age Group:  Under 40  Over 40

**Ethnic Category (Check One):**

1.  White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent.
2.  Black (not of Hispanic origin): All persons having origins in any of the black racial groups.
3.  Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.
4.  Asian or Pacific Islanders: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
5.  American Indian or Alaska Native: All persons having origins in any of the original peoples of North America.