

# SANTA CRUZ COUNTY

## **IMPORTANT EMPLOYMENT INFORMATION**

### **EMPLOYMENT PROCEDURES**

File an application on or before the closing date noted on the vacancy bulletin in order to be considered for the position. Complete **all** items on the application form. **Do not answer items with “see attached”**, this may cause your application to be considered incomplete. Your completed application will remain on file for a period of one year from the date of submittal. A competitive exam may be administered to rate prospective employees. The exam may include written, oral, performance, or rating of training and experience measurement.

Individuals selected for employment may be required to take a medical exam and/or a drug screening at County expense. **DO NOT** resign your current position until you are notified that you have passed the exam and have received a definite starting date. Additionally, individuals will be required in accordance with Federal law, to provide documentation showing citizenship or right to employment.

If you are required to take an exam and you are successful on the exam(s), your name will be placed on the eligible list for consideration as vacancies occur. Placement on the list does not guarantee employment.

### **VACATION, SICK LEAVE & HOLIDAYS**

Each full-time permanent employee earns a minimum of 13 days vacation leave and 13 days sick leave per year at the rate of 4 hours per pay period. Employees can use accumulated vacation leave after their probation period has been completed. In addition the County observes 10 holidays per year.

### **RETIREMENT**

The County participates in the Arizona State Retirement System, State of Arizona Corrections Officer Retirement Plan and the Arizona Public Safety Personnel Retirement System. Participation is mandatory upon appointment as a full-time probationary employee. Both the County and the Employee contribute into the system which pays benefits based upon highest years of compensation and years of credited service.

### **INSURANCE**

Medical, Life, Long-term Disability, Short-term Disability, and Dental insurance coverage is provided for all full-time permanent employees on the first of the month following 30 days of employment. Eligible dependents may be included in the medical and dental plans for an additional cost to the employee. All insurance options will be explained at a new employee orientation shortly after an employee starts work.

### **AFFIRMATIVE ACTION**

Santa Cruz County is an Equal Opportunity Employer, implementing an Affirmative Action Program adopted by the Board of Supervisors. It is the intent of the County to have all segments of the community represented at all levels of county government.

**EMPLOYMENT APPLICATION, Santa Cruz County**

2150 N. Congress Dr. • Nogales, AZ 85621 (520) 375-7612 • Fax: (520) 761-7843

Date received by County:

Received by:

**POSITION TITLE:****DATE:****Applicant Name (Last, First, M.I.)****State/Drivers License #****Mailing Address (Include City, State, Zip)**

Salary Requirements

\$

Type of Position:

 FULL-TIME  PART-TIME  TEMPORARY

Area Preference:

 Nogales  Sonoita  
 Patagonia  Other

Date Available for Work

If you are not a U.S. Citizen, have you the legal right to work in the U.S.

 YES  NO

Home Phone

( ) -

Work Phone

( ) -

Work Holidays?

 YES  NO

Work Weekends?

 YES  NO

Have you ever worked for Santa Cruz County Government?

 Yes  NO

If YES, when and what position

Have you ever been employed under another name?

If YES, please list:

 YES  NO

Have you plead guilty or no contest to, or been convicted of a crime?

(not necessarily a bar to employment)

 YES  NO

If YES, please explain and give location:

Convictions are evaluated in relation to a position and will not necessarily disqualify employment.

If you are under age 18, please list your age.

Have you ever been discharged from employment If YES, please explain:

 YES  NO

Do you have relatives working for Santa Cruz County Government?

 YES  NO Name

Will you work overtime if required?

 YES  NO

Will you relocate if job requires it?

 YES  NO

Have you ever been bonded?

 YES  NO

Are you able to meet the attendance requirements of the position?

 YES  NO

Will you travel if job requires it?

 YES  NO**WORK HISTORY (Begin with most recent employer)**Are you employed now?  YES  NOMay we contact your present employer?  YES  NO

Name of Company

Complete street address

City, State, Zip

Phone Number

( ) -

Supervisor's Name

Your Job Title

Date Started

Salary

PER

Date Left

Salary:

PER

Briefly describe your responsibilities and accomplishments:

Reason for Leaving:

Other Information:

Name of Company

Complete street address

City, State, Zip

Phone Number

( ) -

Supervisor's Name

Your Job Title

Date Started

Salary

PER

Date Left

Salary:

PER

Briefly describe your responsibilities and accomplishments:

Reason for Leaving:

Other Information:

**WORK HISTORY** (Continued)

Name of Company	Complete Street Address	City, State, Zip		Phone Number ( ) -
Supervisor's Name	Your Job Title	Date Started	Salary <b>PER</b>	Date Left Salary: <b>PER</b>
Briefly describe your responsibilities and accomplishments:		Reason for Leaving:		
		Other Information:		

Name of Company	Complete Street Address	City, State, Zip		Phone Number: ( ) -
Supervisor's Name	Your Job Title	Date Started	Salary <b>PER</b>	Date Left: Salary: <b>PER</b>
Briefly describe your responsibilities and accomplishments:		Reason for Leaving:		
		Other Information:		

**Comments:** Include an explanation of any periods of unemployment:

**List special accomplishments, publications, awards, etc.**

**List any additional information you would like us to consider.**

**References:** List name, address and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three schools or personal references who are not related to you.

Name	Telephone Number ( ) -	Address, City, State, Zip	Number of years known
Name	Telephone Number ( ) -	Address, City, State, Zip	Number of years known
Name	Telephone Number ( ) -	Address, City, State, Zip	Number of years known

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	CHECK LAST YEAR ATTENDED IN SCHOOL	DEGREE, CERTIFICATE OR AREA OF STUDY	LIST PROFESSIONAL/CERTIFICATIONS WHICH ARE REQUIRED FOR THE POSITION YOU ARE APPLYING FOR		
	ADDRESS			TYPE	REGISTRATION NUMBER	EXPIRATION DATE
HIGH SCHOOL						
COLLEGE						
POST GRAD						
SCHOOL OF NURSING				<b>ARE YOU LICENSED TO PRACTICE IN ARIZONA?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  Skills (If applicable): <input type="checkbox"/> Typing _____ wpm <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Shorthand _____ wpm Other Skills: _____ <input type="checkbox"/> ORT <input type="checkbox"/> 10-Key _____ <input type="checkbox"/> Word Processing _____    List Software: _____		
BUSINESS OR TRADE		From: (Year)	To: (Year)			
OTHER		From: (Year)	To: (Year)			

**Additional Information:** List professional, trade, business or civic associations and any office held. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veterans/reserve national guard or any similarly protected status.

Name of Organization	Offices Held
Name of Organization	Offices Held
Name of Organization	Offices Held

**READ THE FOLLOWING APPLICANT STATEMENT CAREFULLY. THIS APPLICATION IS INVALID UNLESS SIGNED BY THE APPLICANT.**

I hereby certify that the facts set forth on this application are true, complete and correct. I understand that any misrepresentation, falsification or willful omission herein shall be sufficient cause for immediate dismissal whenever it is discovered or refusal of employment. I authorize, without reservation, Santa Cruz County, its representatives, employees or agents to investigate all information contained in this application including contacting and obtaining information from all references (personal and professional), previous employers, public agencies, licensing authorities and educational institutions. I also authorize, without reservation, Santa Cruz County, its representatives, employees or agents to verify the accuracy of all information provided by me in my resume and job interview. I also grant permission to any previous employer to disclose any and all information concerning my previous employment. I hereby waive any and all rights and claims I may have regarding Santa Cruz County, its agents, employees or representatives, for seeking, gathering and using such information in the process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Santa Cruz County does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that some positions require pre-employment alcohol/drug testing. If this applies to me, I agree to submit to a test. I also understand I may be required to submit to drug or alcohol testing when reasonable suspicion indicating drugs or alcohol may have contributed to a work related accident or suspicious behavioral incident.

I understand that this application remains current for only one (1) year. At the conclusion of that time, if I have not heard from the County and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that the terms of my employment, including working conditions, compensations, benefits, hours of work, work schedule, job assignment and location will be determined and/or changed within the discretion of Santa Cruz County and pursuant to its applicable policies. Furthermore, I understand my employment can be terminated at any time due to lack of work, lack of funds, the elimination of my position or other reasons as determined by the Board of Supervisors.

I understand, if I am hired, that I am free to resign at any time with or without cause and without prior notice. I understand that this application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor, Department, Head Elected Official or representative of the County is authorized to make any assurances to the contract and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and approved by the Santa Cruz County Board of Supervisors and signed by the County Manager or his/her designee.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal laws require me to complete an I-9 for in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

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

\_\_\_\_\_  
Date

**AN EQUAL OPPORTUNITY EMPLOYER**

It is the policy of Santa Cruz County to provide equal opportunity in employment. Selection and employment of applicants shall be made on the basis of their qualifications, without regard for age, disability, national origin, race, color, religion or sex.  
TTD/TDD NUMBER FOR HEARING IMPAIRED (520) 761-7816

Santa Cruz County is an equal opportunity employer. We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria. The following requested information is voluntary and necessary for statistical purposes in compliance with governmental regulations. This data is confidential and will be removed from your application and retained separately and will not be used in the hiring process. Failure to provide this information will not subject you to any adverse personnel decision or action.

Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

DATE: \_\_\_\_\_

POSITION APPLIED FOR:

\_\_\_\_\_

Check One:

MALE  FEMALE

Check One:

WHITE

BLACK

HISPANIC

AMER. IND/ALASKAN

ASIAN/PACIFIC ISLANDER

Check One:

Nogales International Ad

Other Publication or Ad \_\_\_\_\_

Tucson Newspapers Ad

Friend/Relative \_\_\_\_\_

Santa Cruz County Employee

Internet

Walk-In

Job Posting

Other: \_\_\_\_\_