

PIMA COUNTY HUMAN RESOURCES

150 West Congress, 4th Floor, Tucson, AZ 85701

(520) 740-8028 (520) 740-8085 Job Line: (520) 740-3530 web site: www.pima.gov/hr

Recruitment and Selection Information

Please read this information before completing the application.

APPLICATION INSTRUCTIONS:

- Type or print in black or blue ink. Legible photocopies are acceptable. Avoid the use of heavy or thick paper. The application and attached documents become official records of Pima County and can not be returned. Please make copies before submitting the application.
- Applicants must be **18 years of age** to apply for a **regular** Pima County position, pursuant to Pima County Merit System Rule 1.57.
- You may **fax** your application to (520) 620-1487. **Please call (520) 740-8028 or 8085 to confirm your fax was received, legible and complete.**
- In the EDUCATION block, list your education accurately and completely. The number of credits earned is important if you do not yet have the degree and want to receive partial credit if allowed. Relevant course work may be important; check the announcement for education requirements. Make a separate list of courses if necessary.
- Applications for recruitments with closing dates must be received in our office by 5:00 p.m. MST on the closing date. Postmarks do not count.
- The selection process is based on this application, make it as complete as possible. **We do not accept "see resume", "same as...", "see attached" etc. on the application.**
- Resumes may be submitted with the application for positions in pay grade 35 and higher. They are used as back-up material and may not actually be used in the selection process. **Do not** attach a cover letter.
- Need more space? Continuation sheets are available or make a copy of page two or page three of the application.
- **In the "tasks performed" section on the application, relate your experience specifically to the minimum and/or preferred qualifications required for the position for which you have applied.** Describe your most recent or current job first and then work back as far as necessary to cover your experience relevant to this recruitment. List promotions separately.
- Be sure to list the average hours per week for each job and the beginning and ending date using **month & year**. "Varied" is not acceptable.
- Describe each job completely and accurately. Do not use slang, abbreviations or work jargon. Assume that the person evaluating your application is not an expert in your area.
- Include service in the armed forces, self-employment, and relevant volunteer work.
- For applicants residing out of town, please call our office for processing information.
- Failure to submit a truthful and complete application may constitute fraud in securing an appointment, which is cause for disciplinary action, including dismissal.
- Arizona Revised Statutes and the Pima County Merit System Rules provide preference points for Native Americans, disabled persons and veterans. In order to take advantage of the selection preferences, you are required to submit the Request for Award of Preference Points form. Native Americans require a copy of the tribal affiliation card; Veterans require a copy of the DD 214 showing length of service and character of discharge.
- **For all job applicants, including Pima County employees:** If you require ADA accommodation for a position you are applying for, please contact Pima County Employment Rights at 740-2728.
- All applicants are requested to voluntarily complete the disclosure part of the form used for federal reporting purposes (not a part of the selection process).
- If the position you are applying for requires **Supervisory experience (hire/evaluate/discipline)** and/or **Lead** experience, please describe your experience in the "tasks performed" section. If you do not include this specific experience, you will not receive this credit.

SELECTION PROCESS:

- The application is first examined to determine if it meets the minimum qualifications for the classification. If the application does not meet the minimum qualifications, you will be notified by letter that your application has been rejected.
- If your application meets the minimum qualifications, it will be kept in the active file of eligible applicants for **six months** from date of submission.
- If you declined an interview, rejected an offer, did not show for an interview or could not be contacted, you will be advised by mail that your application is no longer active.
- For more information, visit our web site and go to the page **Frequently Asked Questions**.

CONFIDENTIAL INFORMATION SHEET

This personal information is for Human Resources Records only and must be provided for the application to be processed

CLASS CODE: _____	CLASS TITLE: _____	SSN: _____
NAME: _____	HOME PHONE: () _____	MESSAGE PHONE/ () _____
Last _____	First _____	M _____
ADDRESS: _____	EMAIL: _____	
Street _____	City _____	State _____ Zip _____

WORK HISTORY INSTRUCTIONS:

THIS APPLICATION CONSTITUTES A PART OF THE SELECTION PROCESS.

It is important that you follow these instructions; this will ensure your application is properly evaluated.

- **NURSING** series requires only one application.
- You should **ATTACH** copies of all **TRANSCRIPTS & DEGREES**.
- Legible photocopies of this application will only be accepted with an **ORIGINAL** signature, date, classification title and classification code.
- Application **MUST BE** accurate and complete.
- **NEED MORE SPACE?** Attach a Pima County Work History Continuation Form with original signature and date.
- Illegible or incomplete applications **CANNOT BE PROCESSED**.
- **DO NOT USE** slang, abbreviations or jargon.
- **SPECIFY** the number of hours worked per week per job.

- List jobs in **REVERSE ORDER**, starting with your present or last job.
- List each promotion as a **SEPARATE JOB**.
- Include service in the armed forces, self-employment and relevant volunteer work.
- Under **"TASKS PERFORMED"**, describe **EXACTLY** the job tasks you performed.
- List tasks in order of importance, with the **MOST IMPORTANT** first.
- All information to be considered **MUST BE RECORDED** on this application or continuation sheet.
- **RESUMÉS** may be attached to a **COMPLETED APPLICATION** for classifications with a pay grade of 35 or higher.

PREVIOUS EMPLOYER:

POSITION HELD:

STREET:

CITY:

STATE:

ZIP:

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:

Supervision Responsibilities: Hire Evaluate Discipline (DESCRIBE BELOW)

TASKS PERFORMED (Please relate tasks performed to the position for which you are applying):

PREVIOUS EMPLOYER:

POSITION HELD:

STREET:

CITY:

STATE:

ZIP:

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:

Supervision Responsibilities: Hire Evaluate Discipline (DESCRIBE BELOW)

TASKS PERFORMED (Please relate tasks performed to the position for which you are applying):

PREVIOUS EMPLOYER:		POSITION HELD:	
STREET:	CITY:	STATE:	ZIP:
SUPERVISOR & TITLE:		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> 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:		Supervision Responsibilities: <input type="checkbox"/> Hire <input type="checkbox"/> Evaluate <input type="checkbox"/> Discipline (DESCRIBE BELOW)	
TASKS PERFORMED (Please relate tasks performed to the position for which you are applying):			

PREVIOUS EMPLOYER:		POSITION HELD:	
STREET:	CITY:	STATE:	ZIP:
SUPERVISOR & TITLE:		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> 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:		Supervision Responsibilities: <input type="checkbox"/> Hire <input type="checkbox"/> Evaluate <input type="checkbox"/> Discipline (DESCRIBE BELOW)	
TASKS PERFORMED (Please relate tasks performed to the position for which you are applying):			

PREVIOUS EMPLOYER:		POSITION HELD:	
STREET:	CITY:	STATE:	ZIP:
SUPERVISOR & TITLE:		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> 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:		Supervision Responsibilities: <input type="checkbox"/> Hire <input type="checkbox"/> Evaluate <input type="checkbox"/> Discipline (DESCRIBE BELOW)	
TASKS PERFORMED (Please relate tasks performed to the position for which you are applying):			

CONTINUATION SHEET(S) ATTACHED ? YES NO

EDUCATION: Do you have a High School diploma or GED? Yes No

College / University	Type of Degree Completed	Major / Minor	Credits (QTR or SEM hours)	Relevant Course Work

TRADE OR TECHNICAL SCHOOL	Classroom Hours	Subjects Studied	Certificate of Completion?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

WORKSHOPS OR ON - THE - JOB TRAINING:

(Continue on additional sheet of paper, if necessary, in the same format as below.)

List any workshops or on - the - job training completed which would be useful in the position you are applying for:

Location of Training	Training Courses	Number of Hours Attended	Certificate of Completion?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION:

Please include any additional information that you believe would be relevant to this position, including second languages, computer skills, special qualifications, etc. (Continue on additional sheet of paper if necessary)

HAVE YOU BEEN CONVICTED OF A FELONY ? Yes No

If yes, please include dates and briefly explain : (A conviction record will not necessarily bar or disqualify you from employment.) (Continue on additional sheet of paper, if necessary)

APPLICATION INFORMATION : THIS APPLICATION WILL EXPIRE SIX MONTHS AFTER THE DATE OF SIGNATURE WITHOUT NOTICE.

This application and all attached documents become official records of Pima County and cannot be returned. Please make a copy of your employment application before submitting. Applications for Pima County employment 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, including dismissal.

Arizona Revised Statutes and the Pima County Merit System provide for selection preferences for Native American, disabled persons and Veterans. In order to take advantage of the selection preferences, you are required to fill out the Pima County Disclosure Form. Submit the Disclosure Form with your application to the Pima County Human Resources Department.

In consideration of employment with Pima County Government (PCG), I hereby authorize PCG to perform reference checks and employment verifications on me. These checks may include, but are not limited to, discussions with: supervisors, coworkers, business associates, or other individuals that PCG, in its sole discretion, believes may have relevant job related information regarding my suitability for employment. PCG may also verify information that I have provided on my employment application and/or resume.

I agree not to assert any demands, damages, claims, suits or causes of action of any kind against PCG, its officers, employees, agents or the organizations, officers, employees, and agents contacted arising out of PCG performing a good faith effort to check my employment references.

I acknowledge that my failure to authorize PCG to check my references shall disqualify me from consideration for employment.

I also acknowledge that PCG has made no representations that employment will be offered to me upon the completion of reference checks.

A photocopy or facsimile ("fax") of this form that shows my signature shall be as valid as the original.

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 misrepresentation or falsification, my application will be rejected, and I may be dismissed from employment and disqualified from future employment with Pima County.

(Applicant's signature)

Date: _____
(mo/day/year)

PIMA COUNTY NURSING SUPPLEMENT

ALL INFORMATION PROVIDED ON THIS SUPPLEMENT *MUST* BE EXPLAINED IN DETAIL ON YOUR APPLICATION.

PRINT NAME: _____

List departments you DO NOT wish to be referred for an interview: _____

PLEASE CHECK (✓) ALL SPECIALTY AREAS BELOW LIST THE EMPLOYER FOR WHOM YOU PROVIDED THESE SERVICES				
SPECIALTY AREA	N.A.	LPN	NURSE	EMPLOYER
ACLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Acquired Immune Deficiency Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Acute Medical/Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ambulatory Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brain Stem Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Central Nervous System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Central Venous Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Health Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coronary Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detention/Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Epidemiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Geriatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Home Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infection Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inservice Education Staff Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intensive Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J C A H O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SPECIALTY AREA	N.A	LPN	NURSE	EMPLOYER
Labor & Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maternal Child Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Midwifery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse Practitioner (specify area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nursing home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operating Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physician's Office/Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Post Anesthesia (PAR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Post-Partum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Psychiatric/Behavioral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quality Assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recovery Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telemetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Triage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Urgent Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Utilization Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Venipuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Women's Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby certify that the information contained in this application/supplement is true, correct, and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose misrepresentation or falsification, my application will be rejected, and I may be dismissed from employment and disqualified from future employment with Pima County. I authorize Pima County to make all necessary and appropriate investigations, including reference checks, to verify the information contained herein.

Date:

(mo/day/year)

PIMA COUNTY HUMAN RESOURCES DEPARTMENT

APPLICANT NAME: _____

DATE: _____
(mo/day/yr)

POSITION APPLIED FOR: _____

REQUEST FOR AWARD OF PREFERENCE POINTS

<input type="checkbox"/> Veteran (Attach DD 214 showing character of discharge.)	<input type="checkbox"/> Disabled	<input type="checkbox"/> Native American (Attach Tribal Document)
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- Preference points will be awarded during the pre-certification process to applicants who have received a passing score on an employment process. Preference points allow eligible applicants additional opportunity to be interviewed or otherwise reviewed by the hiring department for an initial hire appointment with Pima County and will not ordinarily be used to displace otherwise qualified candidates.
 - Veterans meeting the statutory requirements shall be awarded five (5) preference points.
 - The spouse or surviving spouse of a veteran who meets the statutory requirements shall be awarded five (5) preference points.
 - Five (5) preference points shall be awarded to disabled applicants.
 - A total of ten (10) preference points shall be awarded to disabled veterans who meet the statutory requirements and submit the required documentation.
 - Five (5) preference points shall be awarded to Native Americans who meet the membership requirements of an established tribe and submit the required documentation to show they are recognized as members of that tribe.
 - Native American preference points shall be awarded in addition to veteran's and/or disability preference points.
 - Pima County Merit System Rule 4.2 C 2 provides for disqualification of an application where a false statement of material fact has been made.
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VOLUNTARY DISCLOSURE

*This part of the form will be separated from the application and will not be used in the selection process.
The information on this form is voluntary and not required for employment.
The information will be used for federal reporting and analysis purposes.*

ETHNIC CATEGORY <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian American/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTH DATE month/day/year
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Pima County provides equal access and equal opportunity in employment and services and does not discriminate.

www.pima.gov/hr



PIMA COUNTY GOVERNMENT PRIVACY ACT DISCLOSURE NOTICE FOR COUNTY APPLICANTS

In accordance with the Privacy Act of 1974, this notice advises you that providing your Social Security Number (SSN) on any and all Pima County applications and related documents is voluntary, except when permitted by law. Once you have provided your SSN, it will be used for tracking purposes and will be maintained as a secure representation of your identity in the official applications files and systems in order to easily access jobs for which you applied.

Your refusal to provide your SSN will not affect your ability to obtain employment, and a substitute number will be assigned to your application documents, which will be noted "not a SSN". You will be fully responsible for knowing that number (just as you are fully responsible for knowing your SSN). You must provide that same number when checking on the status of your application or when applying for other County jobs. If you do not have the number when applying for other County jobs, we will assign another number, which you must know for tracking purposes. Pima County will not maintain a separate tracking system of numbers assigned to individual applicants.

Note: Individual Taxpayer Identification Numbers (ITINs) are issued by the IRS and may be assigned only to individuals who do not have and cannot get a SSN. Therefore, ITINs are not substitutes for SSNs.