

# Victim/Witness Services for Coconino County

201 E. Birch Avenue, Suite 4  
Flagstaff, AZ 86001  
Phone: 928-779-6163  
FAX: 928-214-8775

## Application for Employment

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE FILLING  
OUT YOUR APPLICATION FOR EMPLOYMENT

- All requested information must be furnished. The information you provide will determine your eligibility for the position or further examination process.
- If any item does not apply to you, write "N/A" for Not Applicable.
- All information contained on the application is subject to verification. Any omissions, misstatements or falsifications may be cause for rejection of this application.
- All new 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.

**Note for completing "Employment History":** Fill in **ALL** spaces accurately and completely. List all related work experience, including volunteer and military.

A RESUME MAY BE ATTACHED, HOWEVER, YOU MUST COMPLETE ALL INFORMATION  
REQUESTED ON THIS APPLICATION

Position Applying For: \_\_\_\_\_

### SECTION A: APPLICANT INFORMATION

|  |                          |            |       |
|--|--------------------------|------------|-------|
| 1. Name:   | Last                     | First      | M.I.  |
| 2. Mailing Address   | (Street Name and Number) |            |       |
| City   | State                    | ZIP        |       |
| 3. Home Phone:   | Message Phone:           |            |       |
| 4. Do you have a Driver's License?   | ( ) YES                  | ( ) NO     |       |
| If Yes, provide License #:   | _____                    | Class:     | _____ |
| State:   | _____                    | Exp. Date: | _____ |
| 5. Have you ever been arrested for, or convicted of a felony or a misdemeanor? | ( ) YES ( ) NO           |            |       |
| If Yes, provide date:  | _____                    | location:  | _____ |
| Judgment:  | _____                    |            |       |

### SECTION B: EDUCATION AND TRAINING

6. Have you received a Bachelor's Degree? ( ) YES ( ) NO

If yes, Name of School: \_\_\_\_\_

City/State: \_\_\_\_\_

7. List below Colleges, Universities, Business Schools attended, or any other pertinent training:

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

9. If proficient in a language other than English, please list below:

| College/University | Location | Major/Courses   | Degree Received |           |
|--------------------|----------|-----------------|-----------------|-----------|
|                    |          |                 |                 |           |
|                    |          |                 |                 |           |
|                    |          |                 |                 |           |
|                    |          |                 |                 |           |
| Description        | Number   | Expiration Date |                 |           |
|                    |          |                 |                 |           |
|                    |          |                 |                 |           |
|                    |          |                 |                 |           |
|                    |          |                 |                 |           |
| Language           | Speak    | Read            | Write           | Translate |
|                    |          |                 |                 |           |
|                    |          |                 |                 |           |
|                    |          |                 |                 |           |
|                    |          |                 |                 |           |

**SECTION C: EMPLOYMENT HISTORY**

Begin with you present employment and work back.  
**ACCOUNT FOR ALL TIME DURING THE PAST 10 YEARS.**  
Include additional pages if necessary.

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Total: Yrs: \_\_\_\_\_ Months: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Supervisor's Name and Title:  
\_\_\_\_\_

Why did you leave?  
\_\_\_\_\_

May we contact employer? ( ) YES ( ) NO

Describe each major function performed and the approximate % of time spent at each function (not to exceed 100%):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Total: Yrs: \_\_\_\_\_ Months: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Supervisor's Name and Title:  
\_\_\_\_\_

Why did you leave?  
\_\_\_\_\_

May we contact employer? ( ) YES ( ) NO

Describe each major function performed and the approximate % of time spent at each function (not to exceed 100%):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Total: Yrs: \_\_\_\_\_ Months: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Supervisor's Name and Title:

\_\_\_\_\_

Why did you leave?

\_\_\_\_\_

May we contact employer? ( ) YES ( ) NO

Describe each major function performed and the approximate % of time spent at each function (not to exceed 100%):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Total: Yrs: \_\_\_\_\_ Months: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Supervisor's Name and Title:

\_\_\_\_\_

Why did you leave?

\_\_\_\_\_

May we contact employer? ( ) YES ( ) NO

Describe each major function performed and the approximate % of time spent at each function (not to exceed 100%):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Total: Yrs:** \_\_\_\_\_ **Months:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Salary: \$** \_\_\_\_\_

**Supervisor's Name and Title:**

\_\_\_\_\_

**Why did you leave?**

\_\_\_\_\_

**May we contact employer? ( ) YES ( ) NO**

**Describe each major function performed and the approximate % of time spent at each function (not to exceed 100%):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Total: Yrs:** \_\_\_\_\_ **Months:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Salary: \$** \_\_\_\_\_

**Supervisor's Name and Title:**

\_\_\_\_\_

**Why did you leave?**

\_\_\_\_\_

**May we contact employer? ( ) YES ( ) NO**

**Describe each major function performed and the approximate % of time spent at each function (not to exceed 100%):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION D: GOALS AND OBJECTIVES

Briefly describe your goals and objectives in obtaining this position:

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## SECTION E: REFERENCES

Include the names of three (3) professional references/persons not related to you whom you have known at least one year.

| Reference Name | Address | Phone Number | Business Title |
|----------------|---------|--------------|----------------|
|                |         |              |                |
|                |         |              |                |
|                |         |              |                |

**SECTION F: CERTIFICATE OF APPLICATION**

**(READ CAREFULLY BEFORE SIGNING)**

I hereby certify that all information contained in this Application for Employment is true complete and correct. I understand that any omissions, misstatements or falsifications will disqualify me from employment or cause my subsequent dismissal.

In connection with this application, I authorize all corporations, companies, consumer reporting agencies, credit agencies, educational institutions, persons, law enforcement agencies, military services, motor vehicle departments, and former employers to release any information that they may have about me to Victim/Witness Services for Coconino County or its agents, and I release them from any liability for doing so.

I also understand that signing below authorizes Victim/Witness Services for Coconino County to perform a criminal background check and obtain a motor vehicle record report.

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

Date: \_\_\_\_\_

How did you learn about this position?

- Newspaper: \_\_\_\_\_
- Other: \_\_\_\_\_