

COURT EMPLOYMENT APPLICATION



Arizona Superior Court in Pima County

Human Resources
110 W. Congress, 9th fl
Tucson, AZ 85701

Phone: (520) 740-4217
TDY: (520) 740-8887
Fax: (520) 740-4253
Job Hotline: (520) 243-2333

scjobs@sc.pima.gov
www.sc.pima.gov

To Apply:

- Follow all instructions in the *How to Apply* section of the job announcement.
- Submit a separate application for each job. If you apply for more than one job, you may submit photocopies of the application with an original signature if each new job title is clearly identified.
- The information you provide in this application will be used to determine your qualifications. Be complete. A resume will not be accepted in lieu of an application.
- You may be required to complete supplemental information or submit other documents such as a resume and cover letter in addition to this employment application. Review the job announcement requirements and include all necessary documents with your application.
- Reasonable accommodations may be requested by contacting HR.
- The application and any additional materials requested in the job announcement should be submitted to Human Resources by the specified date/time provided in the *How to Apply* section of the job announcement.
- All applicant information may be verified. Incomplete or false information may eliminate you from the selection process. In addition, failure to submit a truthful and complete application may constitute fraud in securing an appointment and may be cause for disciplinary action, including dismissal.
- **Please make a copy for your records before submitting the application.** Once submitted, the application and attached documents become official Court records and cannot be returned.
- Contact Human Resources and update your application if your address/phone information changes.



Pima County Juvenile Court Center

Human Resources
2225 E. Ajo Way
Tucson, AZ 85713

Phone: (520) 740-5019
TDY: (520) 740-8887
Fax: (520) 740-2070

humanresources@pcjcc.pima.gov
www.pcjcc.pima.gov

Selection Process

- Each application will be reviewed to determine if applicants meet the minimum qualifications for the position.
- Additional selective criteria may be identified if there are large numbers of applicants for the same position.
- Applications from individuals who meet minimum qualifications may be kept for six months from the date of submission.
- If you decline an interview, reject an offer, do not appear for an interview or could not be contacted, you will be advised by mail that your application is no longer active.
- You will be notified by mail, phone or e-mail of your application's status at any point in the process.
- Assessment passing scores will remain valid for six months.

All successful applicants will be subject to a background investigation to include criminal history and reference checks. Physical evaluations and/or drug screening may be conducted based on the requirements of the position.

A FELONY CONVICTION WILL PRECLUDE YOU FROM WORKING FOR THE COURTS.

In addition, all safety sensitive positions (probation officer, surveillance officer and juvenile detention officer positions) must undergo psychological evaluation, medical evaluation (juvenile court staff only) and drug screening.



COURT EMPLOYMENT APPLICATION



HR DEPARTMENT USE ONLY - PLEASE DO NOT WRITE IN THIS SECTION

| | | |
|---------------------|--------------|--------|
| Date received: | Reviewed by: | MQ/NQ: |
| Recruitment number: | Notes: | |

| | | | |
|------------------------|---|-----------------|-----|
| Position Applying for: | Court applying with: <input type="checkbox"/> Superior <input type="checkbox"/> Juvenile | | |
| Last Name | First Name | Middle Initial | |
| Street | City | State | Zip |
| Home phone | Alternate phone | E-mail address: | |

Are you over 18 years old? (Required to work in the Court) Yes No

Are you also 21 years old or older? (Required for the safety-sensitive positions such as Probation Officer, Surveillance Officer, Juvenile Detention Officer) Yes No

| | | |
|---|--|--|
| Check all types of employment you will accept: Regular <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Grant-funded <input type="checkbox"/> Temporary <input type="checkbox"/> Intermittent <input type="checkbox"/> Variable time <input type="checkbox"/> | Check all work shifts/arrangements you will accept: Day <input type="checkbox"/> Evening <input type="checkbox"/> Midnight <input type="checkbox"/> Rotating <input type="checkbox"/> On-Call <input type="checkbox"/> | Check all types of work-weeks that you will accept: Monday-Friday <input type="checkbox"/> Weekends <input type="checkbox"/> Rotating <input type="checkbox"/> |
|---|--|--|

RELATIVES employed in the Court: Name, Relationship, and Department:

EDUCATION 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 job announcement for education requirements. **VERIFICATION OF DEGREE WILL BE REQUIRED AT TIME OF APPOINTMENT.**

Do you have a high school diploma? Yes No OR GED? Yes No

| College/University | Location (town/state) | Degree Completed Y/N | Type of Degree Awarded | Major | Number of credit hrs. completed |
|--------------------|-----------------------|----------------------|------------------------|-------|---------------------------------|
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Please describe below in detail any additional education, on the job training, workshops etc. that you think are relevant to the position you are applying for:

PROFESSIONAL LICENSES, CERTIFICATIONS AND REGISTRATIONS

Do you have an AZ Driver's License OR eligible to apply for the AZ Driver' License? Yes No

| Other Licenses: Type | Lic./Reg. # | Exp. Date | Issuing State | Valid in AZ? |
|----------------------|-------------|-----------|---------------|--------------|
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LANGUAGES OTHER THAN ENGLISH

| LANGUAGE | Speak | | Read | | Write | |
|----------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
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WORK HISTORY

List jobs held for the last 15 years, beginning with your most recent employment. Additional relevant experience beyond 15 years may be included. List promotions as separate jobs. Include service in the armed forces, self-employment, and relevant volunteer work. Under *tasks performed*, describe your job tasks, beginning with those most critical to the position. Make sure information is complete and accurate. If writing by hand, please use blue or black ink and print legibly. Resumes will not be accepted in lieu of application unless otherwise noted in the announcement. Application will be viewed as incomplete if *SEE RESUME* is noted. You may make or request additional copies if you need more space.

| | | | |
|----------------------------|---------------|-----------------------|-------------------|
| Current or Last Employer: | | Type of business: | |
| Position Held: | From (mo/yr): | To (mo/yr): | # Hours per week: |
| Street: | City: | State: | Zip: |
| Supervisor's Name & Title: | | May we contact? (Y/N) | Phone: |
| Ending/Current Salary: | | Reason for leaving? | |

Duties & Responsibilities:

If applicable, number and type of positions you supervised (e.g. Clerical, Professional, Trades, etc.):

| | | | |
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| Ending/Current Salary: | | Reason for leaving? | |
| Duties & Responsibilities: | | | |
| If applicable, number and type of positions you supervised (e.g. Clerical, Professional, Trades, etc.): | | | |

REFERENCE INFORMATION

Professional References (provide at least three professional references to include one or more current or recent supervisors):

| Name of the reference | Address | Contact phone number(s) | Working relationship: |
|-----------------------|---------|-------------------------|-----------------------|
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Personal References (provide at least three personal references not to include employers):

| Name of the reference | Address | Contact phone number(s) | Relationship: |
|-----------------------|---------|-------------------------|---------------|
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Please indicate how you learned about this job opening (mark all that apply):

- Newspaper (list name of paper) _____
- Job Flyer (list location of flyer) _____
- Courts' web site _____
- Other web sites (please name website) _____
- Referred by a Court employee _____
- Job Hotline recorded message _____
- Job fair (name and date of fair) _____
- Other _____

I hereby certify that the information provided in this packet is true, correct, and complete to the best of my knowledge and belief. I am aware that should investigations disclose misrepresentation or falsification, my application may be rejected or removed from consideration and I may be dismissed from employment and disqualified from any employment with the Court. I authorize the Court to complete all necessary and appropriate investigations to verify the information contained herein.

Applicant Signature

Date

REQUEST FOR PREFERENCE POINTS

Pursuant to State Court interpretation of Arizona Revised Statutes (A.R.S) §38-492, preference points are awarded on an initial scored exam to qualified applicants under four major categories: veteran, disabled veteran, veteran's spouse or surviving spouse and handicapped person. Those who are presently Court or County employees are not eligible for preference points. Preference points shall be added to the grade earned by the qualified applicant, but only if such individual earns a passing score without preference.

If you are requesting preference points, please check the appropriate box below.

VETERAN: 5 points (Sec A ARS §38-492)

A veteran of the Armed Forces of the United States separated from the Armed Forces under honorable conditions following more than six months active duty.

You must submit Form DD214 or certification from the Veteran's Administration Office.

DISABLED VETERAN: 10 points (Sec A & B ARS §38-492)

An honorably separated veteran who served on active duty in the Armed Forces at any time and who has a service-connected disability or is receiving compensation or disability retirement benefits under laws administered by the Veteran's administration, Army, Navy, Air Force, Coast Guard or Public Health Service.

You must submit Form FL-802 or verifying letter from Veteran's Administration Office with percentage.

SPOUSE OR SURVIVING SPOUSE OF VETERAN: 5 points (Sec D ARS §38-492)

Spouse or Surviving Spouse of any of the following:

1. Any veteran who died of a service-connected disability.
2. Any member of the armed forces serving on active duty who at the time of application is listed by the Secretary of Defense of the United States in any of the following categories for not less than ninety days:
 - A. Missing in action
 - B. Captured in the line of duty by a hostile force
 - C. Forcibly detained or interned in the line of duty by a foreign government or power
3. A person who has a total, permanent disability resulting from a service-connected disability or any person who died while such disability was in existence.

You must submit Form DD214, Form FL802, or certification from the Veteran's Administration Office.

DISABLED PERSON: 5 points (Sec B ARS §38-492)

Anyone who has a physical or mental impairment which substantially limits one or more of his/her major life activities or has a record of such an impairment or is regarded as having such an impairment.

Substantially Limits means: (1) unable to perform a major life activity that the average person in the general population can perform; or (2) significantly restricted as to the condition, manner or duration under which an individual can perform a particular major life activity. Major Life Activities include, but may not be limited to: "caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working."

You must have your medical authority submit certification.

Applicant's Signature

Date

03/2009

Voluntary Disclosure

- This section is separated from the application and will not be used in the selection process.
- The information provided below is voluntary and not required for employment.
- This information will be used for reporting and analysis purposes only.

| Gender | Race/Ethnicity |
|---------------------------------|---|
| Male <input type="checkbox"/> | Ethnicity: Not-Hispanic or Latino <input type="checkbox"/> |
| Female <input type="checkbox"/> | Hispanic or Latino <input type="checkbox"/> |
| | Race: White (not of Hispanic origin) <input type="checkbox"/> |
| | Black or African American <input type="checkbox"/> |
| | Native Hawaiian or Other Pacific Islander <input type="checkbox"/> |
| | Asian <input type="checkbox"/> |
| | American Indian or Alaskan Native <input type="checkbox"/> |
| | Two or more races <input type="checkbox"/> |