

STATE OF ARIZONA ARIZONA GAME AND FISH DEPARTMENT

APPLICATION INSTRUCTIONS

- IT IS IMPORTANT THAT YOU READ ALL INSTRUCTIONS CAREFULLY AND FILL OUT THIS APPLICATION NEATLY AND ACCURATELY.
- TYPE OR PRINT, USE BLACK INK.
- USE A CHECK (√) OR (X) TO SHOW YOUR ANSWERS.
- APPLY ONLY FOR JOBS FOR WHICH YOU MEET THE ANNOUNCED QUALIFICATIONS AND REQUIREMENTS, IF APPLICABLE.
- ONLY ONE APPLICATION IS NEEDED PER PERSON, NOT PER POSITION.
- IF TRANSCRIPTS OR SUPPLEMENTS ARE REQUIRED PLEASE ATTACH THEM TO YOUR APPLICATION.
- RESUMES WILL BE ACCEPTED ONLY AS A SUPPLEMENT TO THE APPLICATION AND MUST BE ACCOMPANIED BY THE COMPLETED APPLICATION.
- INCOMPLETE APPLICATIONS WILL RESULT IN DISQUALIFICATION FROM CONSIDERATION.
- BE SURE TO SIGN YOUR APPLICATION ON PAGE 1.

NOTE:

The Arizona Game and Fish Employment Hotline Number is (602) 789-3900.

To apply, please send a Game and Fish Department application to the Human Resources Office, Arizona Game and Fish Department, 2221 W. Greenway Road, Phoenix, AZ 85023.

The application must be completed and signed in order to be considered.

It will remain on file for six months from date of receipt.



EMPLOYMENT APPLICATION

ARIZONA GAME AND FISH DEPARTMENT

2221 West Greenway Road, Phoenix, AZ 85023

AN EQUAL OPPORTUNITY/REASONABLE ACCOMMODATION EMPLOYER

SE	CTION A POSITION FOR WHICH YOU ARE APPLYING					
1.	POSITION TITLE					
2.	ANNOUNCEMENT NUMBER (If applicable)					
SE	CTION B APPLICANT INFORMATION					
5.	Name LAST	FIRST MIDDLE INITIAL				
6.	Address & Apt/Space No.					
	City L	Zip Code				
7.	Phone (area code) L - L - L - L	Work Phone (area code)				
8A.	\square No \square Yes Have you been known to schools/employers/references by another name? Name(s)	11A.☐ No ☐ Yes Have you worked for any other state agency? Be sure this information is provided on the application with reason for leaving.				
8B.	If you have any relatives at AGFD list their names in the space provided.	11B. For former (within two years) Arizona state service employees only. Are you applying for: (check appropriate box) ☐ Reinstatement ☐ Reemployment				
8C.	Have you ever worked for AGFD before in any capacity? List dates and position(s) below.	Name of former agency				
9.	Do you fluently speak ☐ Spanish ☐ Native Arizona Indian language (specify which language)	 13A. If applicable to the job can you □ No □ Yes Type at least 40 WPM net. 13B. List the computer software in which you are proficient in using: 				
10.	$\hfill \square$ No $\hfill \square$ Yes \hfill Are you presently an Arizona state service employee with permanent status? Name of Agency	14A. ☐ No ☐ Yes Do you possess a valid Arizona Driver's License? 14B. ☐ No ☐ Yes Do you possess a Commercial Driver's License?				
SE	CTION C Availability (check as many boxes as apply)					
	Indicate the types of appointments you will accept. Permanent Temporary (6 months max) Seasonal (Intermittent) Limited (6 to 36 months) Clerical Pool (12 months max) 16. What shifts are you willing and able to work? Day Shift Evening Shift Night Shift Rotating Shift Variable Shift	17. Will you accept: ☐ Full Time ☐ Part Time ☐ Part Time 18. Will you accept a job that requires you to work weekends or holidays? ☐ No ☐ Yes				
	Indicate those counties and parts of counties for which you wish to be counties. All Locations Phoenix Headquarters Singman Regional Office Kingman Region Singman Regional Office Pinetop Region Singman Region Singma	considered and in which you are willing to work. Flagstaff Regional Office				

SECTION D Statement of Certification—Applicant Signature

24. By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct and complete to the best of my knowledge and belief. I also acknowledge that should an investigation at any time disclose any misrepresentation or falsification, my application may be rejected, my name may be removed from further consideration and I may be disqualified as a candidate or terminated from employment. I also authorize the AGFD Human Resources Office and/or hiring authority to make all necessary and appropriate investigations allowable by law to verify the information provided.

Signature	Date
5	

SECTION E Co		PAGE 2				
26. ☐ No ☐ Yes Ha	tude? If "Yes" explain belo	w the nature of the				
27. ☐ No ☐ Yes Ar 29. Use the space be provide addition	elow to list profe		rships, job related lice	enses, registrations, o	employed under a visa or certificates, with their numl position:	entry permit? pers, and expiration dates,
SECTION F Edu	ucation & Train	ning (list most recent	first) (Transcript r	required when posi	tion requires a degree)	
COLLEGE-UNIV TRADE OR BUSINE	ERSITIES	CITY/STATE (LIST CAMPUS ATTENDED)	DATES ATTENDED MO./YR. TO MO./YR.	DEGREE/DIPLOMA AND DATE RECEIVED	SEM. HRS. QTR. HRS. EARNED EARNED	MAJOR AREA OF STUDY
A		(
В						
С						
D						
		st most recent first)				
position separately. It addresses of former eall information reques	t will help us pro employers. Omi	ocess your application missions in this area or ar	nore quickly through ny area of the employ	our background verifice out the contract of th	position with the same en cation check if you provide disqualify you from consic only; all other information	e complete and accurate deration. Please complete
FROM (MO./YR.) TYPE OF	то	JOB TITLE	STARTING		FINAL	
BUSINESS		HRS./WK.	SALARY	PER	SALARY	PER
NO. OF EMPLOYEES SUPERVISED DIRECTLY	INDIRECTLY	EMPLOYER'S NAME COMPLETE ADDRESS				
SUPERVISOR'S NAME SUPERVISOR'S	PHONE NO.					
TITLE DESCRIPTION OF DUTIES:		REASON FOR LEAVING				
1						
30. □ No □ Yes I	f presently emp	loyed, may we contact y	our employer?			
FROM (MO./YR.) TYPE OF	то	JOB TITLE	STARTING		FINAL	
BUSINESS		HRS./WK.	SALARY	PER	SALARY	PER
NO. OF EMPLOYEES SUPERVISED DIRECTLY	INDIRECTLY	EMPLOYER'S NAME COMPLETE ADDRESS				
SUPERVISOR'S NAME	PHONE NO.					
SUPERVISOR'S TITLE DESCRIPTION OF DUTIES: 2		REASON FOR LEAVING				
<u></u>						

SECTION G Use continuation p	Continued (Wo	ork History) ce is needed					PAGE 3
FROM	TO.	IOD TITLE					
(MO./YR.) TYPE OF BUSINESS	ТО	JOB TITLE HRS./WK.	STARTING SALARY	PER	FINAL SALARY	PER	
BOSINESS		EMPLOYER'S NAME	JALAKI	FLR	SALAKI	FLR	
NO. OF EMPLOYEES SUPERVISED DIRECTLY	INDIRECTLY	COMPLETE ADDRESS					
SUPERVISOR'S NAME	PHONE NO.						
SUPERVISOR'S TITLE		REASON FOR LEAVING					
DESCRIPTION OF DUTIES:							
3							
FROM							
(MO./YR.) TYPE OF	ТО	JOB TITLE	STARTING		FINAL		
BUSINESS		HRS./WK.	SALARY	PER	SALARY	PER	
NO. OF EMPLOYEES	INDIDECTIV	EMPLOYER'S NAME					
NO. OF EMPLOYEES SUPERVISED DIRECTLY SUPERVISOR'S NAME	PHONE NO.	COMPLETE ADDRESS					
SUPERVISOR'S TITLE	FRONE NO.	REASON FOR LEAVING					
DESCRIPTION OF DUTIES:		REASON FOR ELAVINO					
[4]							
FROM							
(MO./YR.) TYPE OF	то	JOB TITLE	STARTING		FINAL		
BUSINESS		HRS./WK.	SALARY	PER	SALARY	PER	
NO. OF EMPLOYEES		EMPLOYER'S NAME					
NO. OF EMPLOYEES SUPERVISED DIRECTLY SUPERVISOR'S	INDIRECTLY	COMPLETE ADDRESS					
NAME SUPERVISOR'S	PHONE NO.						
TITLE DESCRIPTION OF DUTIES:		REASON FOR LEAVING					
DESCRIPTION OF DUTIES:							

FROM						
(MO./YR.) TYPE OF	то	JOB TITLE	STARTING		FINAL	
BUSINESS		HRS./WK.	SALARY	PER	SALARY	PER
NO. OF EMPLOYEES		EMPLOYER'S NAME				
SUPERVISED DIRECTLY SUPERVISOR'S	INDIRECTLY	COMPLETE ADDRESS				
NAME SUPERVISOR'S	PHONE NO.					
TITLE DESCRIPTION OF DUTIES:		REASON FOR LEAVING				
6						
<u>o</u>						
- FROM						
FROM (MO./YR.)	то	JOB TITLE				
TYPE OF BUSINESS		HRS./WK.	STARTING SALARY	PER	FINAL SALARY	PER
NO OF FMDI OVERS		EMPLOYER'S NAME				
NO. OF EMPLOYEES SUPERVISED DIRECTLY SUPERVISOR'S	INDIRECTLY	COMPLETE ADDRESS				
NAME SUPERVISOR'S TITLE	PHONE NO.					
TITLE		REASON FOR LEAVING				
DESCRIPTION OF DUTIES:						
[<i>I</i>]						
FROM (MO./YR.)	то	JOB TITLE				
From (Mo./yr.) Type of Business		HRS./WK.	STARTING SALARY	PER	FINAL SALARY	PER
		EMPLOYER'S NAME				
NO. OF EMPLOYEES SUPERVISED DIRECTLY SUPERVISOR'S	INDIRECTLY	COMPLETE ADDRESS				
SUPERVISOR'S NAME	PHONE NO.					
NAME SUPERVISOR'S TITLE		REASON FOR LEAVING				
DESCRIPTION OF DUTIES:						
8						

SECTION H Skills Inventory

5.

Arizona Game & Fish Department Application Supplement/Skills Inventory

Name	LAST			FIRST		MIDDLE INITI			
		erience in any of these areas, chec APPLICATION OR RESUME.	ck the a	appropriate box. NOTE: <i>A</i>	ALL S	SKILLS MUST BE REFLECTED IN THE WORI			
SPECIES OF WILDLIFE									
		Willow flycatcher Hawk Falcon Thick-billed parrot Condor Bald eagle Black-footed ferret Mexican gray wolf Sonoran pronghorn Bat Ducks Geese Sandhill crane Bandtailed pigeon Coyote Fox Bobcat Owl Furbearer Predator Bear		Elk Mule deer White-tail deer Javelina Turkey Bighorn sheep Pronghorn Dove Buffalo Gambel's quail Scaled quail Mearns' quail Waterfowl Desert tortoise Leopard frog Snake Turtle Toad Salamander Lizard Reptile Amphibian		Topminnow Humpback chub Bonytail Gila trout Apache Trout Razorback sucker Spinedace Spikedace Chubs Pupfish Colorado squawfish Native fishes Threatened fishes Endangered fishes Insect			
				Amphibian					
		SF	PECIA	AL SKILLS/EXPERIE	NC	E			
		Hatchery Trapping Banding NEPA Survey Horse/mule riding Drop net Stream renovation Pellet count Seining Sexing Ratio Swimming Oral presentations Off-road vehicle operation Management plan Masonry Welding Hydrology Riparian restoration Ranching Lifting lbs.		Creel census ESA FWCA Transplant Electro-shocking Aerial net gunning Stream survey Telemetry Aerial survey Aging Gill netting SCUBA diving Cultural resources Watercraft operation Recovery plan Heavy equipment Fence building Technical writing Soils Farming Habitat manipulation Grazing/foraging		Environmental assessment Environmental law Animal capture/restraint Habitat evaluation Inventory Fish management Fish culture Collaring Stream habitat restoration Population estimation Trammel netting Wildlife reintroduction Wildlife rehabilitation Statistical analysis GIS/GPS Study design Construction Computer/database Computer population modeling Wetlands management Commercial driver's license Environmental impact statement			

1.	Sex	☐ Female	☐ Male	2. Birthdate					j
					Month	Day		Year	
 4. 		Asian or Pa Pacific islan Black (not c Hispanic: A White (not c	ndian or Alaskan Native cific Islander: A person ds. This area includes, of Hispanic origin): A pe person of Mexican, Pu of Hispanic origin): A pe Physically Challenged.	having origins for example, Charson having orierto Rican, Cuberson having or Physically cha	in any of the nina, India, J igins in one ban, Central origins in any allenged is d	e original peoplapan, Korea, of the black rate or South Ame of the original efined as any	ples of the Phi acial gr erica or Il peopl impair	the Far E ilippine Is oups. other Sp les of Eur	ast, Southeast Asia, the Indian subcontinent, or the slands, and Samoa. panish culture or origin, regardless of race. pope, No. Africa, the Middle East. ysical or mental that restricts one or more major life
_		Na 🗆 Vaa	-	accommodatio	n is necessa	iry, please adv	ise the	e hiring ai	uthority after an offer of employment has been mad
5.		No ☐ Yes	Are you a veteran? Military branch: Service years: Final Rank: Discharge type:						
6.		No □ Yes	Are you an active rese	rve?					
			Military branch:						

The Arizona Game and Fish Commission receives federal financial assistance in Sport Fish and Wildlife Restoration. Under Title VI of the 1964 Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, the U.S. Department of the Interior prohibits discrimination on the basis of race, color, religion, national origin, age, sex, or disability. If you believe you have been discriminated against in any program, activity, or facility as described above, or if you desire further information please write to:

Arizona Game and Fish Department Office of the Deputy Director, DOHQ 2221 West Greenway Road Phoenix, Arizona 85023-4399 The Office for Diversity and Civil Rights U.S. Fish and Wildlife Service 4040 North Fairfax Drive, Room 300 Arlington, Virginia 22203

The Arizona Game and Fish Department complies with all provisions of the Americans with Disabilities Act. This document is available in alternative format by contacting the Arizona Game and Fish Department, Office of the Deputy Director at the address listed above or by calling (602) 789-3290 or TTY 1-800-367-8939.