

Name of Applicant: _____

CITIZENSHIP/MILITARY SERVICE

If you are not a resident of Pinal County, are you willing, if appointed, to become a resident of this County? Yes No

Are you a U.S. Citizen? Yes No

If you have actively served in the armed forces of the United States, was your discharge honorable?
Yes No

If your answer is "No," please explain:

OTHER

List any honors, prizes, awards, commendations or other form of recognition you have received.

Have you ever been convicted of a violation of any law or ordinance or the commission of any felony or misdemeanor (except minor traffic violations where the fine was less than \$50.00)? Yes No

If yes, state the date, name and nature of the offense, locality and disposition. Attach an additional page, if necessary.

Why do you seek this position?

Why do you believe you are qualified for this position?

What would you seek to accomplish if you are appointed to this position?

Describe the nature and extent of your non-professional involvement in community, professional and civic affairs.

Are you, or is any member of your immediate family, related to an employee of Pinal County?
Yes No

If yes, please list the relative's name and department.

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**AFFIRMATION OF STATEMENTS AND AUTHORIZATION TO RELEASE
INFORMATION**

By signing below, I acknowledge that everything stated in the application is true and correct to the best of my knowledge, information, and belief. I hereby avow that if appointed I shall abide by the Code of Judicial Conduct.

This signed release, or certified true copy of it, will authorize you to release to a duly authorized representative of the Superior Court of Arizona, Pinal County any information pertaining to any ethics, professional competency, educational and employment background. This authorization is given to you to support my application for appointment as a Superior Court Probate Accountant. Should there be any question as to the validity of this release, you may contact me as indicated below. This authorization will expire one (1) year from the date of signature.

Type or Print Name

Signature of Applicant

Street Address

Date

City

State

Zip Code

Telephone Number