

APPLICATION FOR EMPLOYMENT

FEDERAL LAW PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, SEX OR NATURAL ORIGIN. AS WELL AS DISCRIMINATION ON THE BASIS OF AGE AGAINST PERSONS BETWEEN THE AGES OF 40 AND 65 INCLUSIVE. FEDERAL REGULATIONS ALSO PROHIBIT GOVERNMENT CONTRACTORS FROM DISCRIMINATION ON THE BASIS OF HANDICAP ADDITIONALLY, SOME STATE AND CITY LEGISLATION PROHIBITS DISCRIMINATION BECAUSE OF AGE, HANDICAP, MARITAL STATUS, SEXUAL PREFERENCE, RACE, COLOR, RELIGION, SEX OR NATURAL ORIGIN. CONSULT COMPETENT COUNSEL FOR FURTHER INTERPRETATION.

PERSONAL

First Name	Middle Name	Last Name
Street Address	Social Security No.	
City/State	Zip	Telephone No.
Driver License#	State Issued	Expiration Date
If hired, do you have means of transportation to get to work?		**Do you smoke?
Salary Desired?	Least Acceptable Salary	
Are you a U.S. citizen? Yes No	If NO, do you have a legal right to work in U.S.? (i.e. green card) Yes No	
Are you at least 16 years old? Yes No		

EMPLOYMENT DATA

Are you seeking:	Temporary	*Full Time	*Part Time
How did you find out about this job?	Newspaper	Referral	Other
What position(s) are you applying for?			
Please indicate any shift(s) you would not be available to work?			
Are you willing to work overtime?	Yes	No	
Experience, special skills, training:			
Are you currently employed?	Yes	No	When would you be able to start?
Have you ever worked for this organization before?	Yes	No	Name used:
List any friends or relatives employed by this company:			
Are you on layoff and subject to recall?	Yes	No	
How many days have you missed from school or work within the last 12 months?			

EDUCATION

Please circle highest level attained

Elementary	1 2 3 4 5 6 7 8	High School	9 10 11 12	College
Name and City:				
Degree and Major:				
If currently in high school, are you enrolled in a recognized co-op program: (such as D.E., C.V.A., V.O.E.) Yes No				
If Yes, identify program and school:				

MILITARY SERVICE

Are you a veteran? Yes No	if yes, give dates of service: From _____ To _____
Special skills or training:	

PHYSICAL

Do you have any physical handicaps, which would prevent you from performing specific kinds of work?	Yes	No
If yes, describe the handicap and explain the work limitations: _____		
Have you ever been unable to work as a result of an on the job injury?	Yes	No
If yes, explain: _____		
Describe your current physical condition: _____		

**The Smoke-Free Arizona Act, A.R.S. § 36.601.01, prohibits smoking in all places of employment. The Smoke-Free Arizona Act specifically prohibits smoking in all work buildings and work vehicles and within 15 feet in any direction from any doors, windows, and/or ventilation systems of any buildings. The Company prohibits smoking in all areas and all vehicles.



WORK HISTORY

Please list your last 3 employers. Begin with the most recent employer.

1. Company	Phone	Supervisor's name
		From _____ To _____ (Month/Year) (Month /Year)
Address	Job Title	Starting Salary:
		Ending Salary:
Describe duties briefly:		Give specific reason for leaving
2. Company	Phone	Supervisor's name
		From _____ To _____ (Month/Year) (Month /Year)
Address	Job Title	Starting Salary:
		Ending Salary:
Describe duties briefly:		Give specific reason for leaving
3. Company	Phone	Supervisor's name
		From _____ To _____ (Month/Year) (Month /Year)
Address	Job Title	Starting Salary:
		Ending Salary:
Describe duties briefly:		Give specific reason for leaving
May we contact the employers listed above? Yes No If no, tell us which one(s) you do not wish us to contact and why.		
Why are you seeking a new position at this time? _____		
What is the job you have enjoyed the most and why? _____		
List any outside interests including organizations you're active in: _____		
Bonding and money handling security policies require that we ask if you have ever been convicted of a felony: Yes No If yes, state the nature of the offense and disposition of the case. Include dates and places.		
<i>PLEASE NOTE: Felony conviction or the existence of a criminal record does not constitute an automatic bar to employment.</i>		
<p>I authorize this company to make an investigation of all information contained in this application for employment, and I release from liability all companies and corporations supplying such information. I understand that any false answers, statements or implications made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company to request a copy of my motor vehicle driving record, or a copy of my worker's compensation history. I hereby agree to submit to such physical examination(s) as may be required and any drug test(s) that may be requested of me, whether prior to my employment or, if employed by this company, at any time thereafter.</p> <p>During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including physical, psychological, emotional, or psychiatric, I hereby authorize the limited release and exchange of medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits and conditions at any time.</p> <p>My signature below indicates that I have read and understand the above.</p>		
Applicant's Signature: _____		Date: _____