

PLEASE PRINT LEGIBLY

DATE: _____

PERSONAL DATA

Name: _____ S.S. No. _____
(LAST) (FIRST) (MIDDLE INITIAL)

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Home Phone: _____ Message Phone: _____

Position applied for: _____

Rate of pay expected: \$ _____ (circle one:) Hour Week Month

Are you available for full-time or part-time work? (state which) _____

When will you be available for work? _____

How much notice are you required to give your present employer? _____

Can you work any shift? Yes No Extra Hours? Yes No Weekend: Yes No

Have you ever been employed by this Company before? Yes No If yes, indicate dates of employment and position held:

From: _____ To: _____ Position: _____

Indicate name(s) under which you worked for this Company if different from current name: _____

If you are under 18 years of age, state current age: _____

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? Yes No

If yes, please fully explain circumstances and provide dates: _____

EDUCATIONAL RECORD

SCHOOL	NAME, CITY AND STATE	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
COLLEGE OR UNIVERSITY		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
OTHER (SPECIFY)		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	

U. S. MILITARY EXPERIENCE

Were you in the military service? Yes No If yes, what branch? _____

Dates of service: From _____ To _____ Type of discharge: _____

Technical schools attended: _____

EMPLOYMENT HISTORY

Begin with the most recent employer and account for all employment during the last ten (10) years or the last five (5) jobs.

Dates of Employment				Name and Address Of Employer	Briefly Describe Duties	Salary or Wage	Reason for Leaving
From		To					
Mo.	Yr.	Mo.	Yr.				
1				Name		\$	<input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged
				Address		<input type="checkbox"/> Hour	
				Phone		<input type="checkbox"/> Week	
				Supervisor		<input type="checkbox"/> Month <input type="checkbox"/> Year	
2				Name		\$	<input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged
				Address		<input type="checkbox"/> Hour	
				Phone		<input type="checkbox"/> Week	
				Supervisor		<input type="checkbox"/> Month <input type="checkbox"/> Year	
3				Name		\$	<input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged
				Address		<input type="checkbox"/> Hour	
				Phone		<input type="checkbox"/> Week	
				Supervisor		<input type="checkbox"/> Month <input type="checkbox"/> Year	
4				Name		\$	<input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged
				Address		<input type="checkbox"/> Hour	
				Phone		<input type="checkbox"/> Week	
				Supervisor		<input type="checkbox"/> Month <input type="checkbox"/> Year	
5				Name		\$	<input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged
				Address		<input type="checkbox"/> Hour	
				Phone		<input type="checkbox"/> Week	
				Supervisor		<input type="checkbox"/> Month <input type="checkbox"/> Year	

May we contact your present employer? Yes No

Explain substantial periods of unemployment: _____

DRIVER'S LICENSE INFORMATION

Arizona Driver's License No.: _____ Class: _____ Expiration Date: _____

MISCELLANEOUS INFORMATION

Have you ever been bonded? Yes No
 Have you ever been denied a bond? Yes No
 If yes, explain circumstances fully: _____

Do you have any relatives currently employed by us? Yes No
 If yes, give name(s) and relationship: _____

PERSONAL REFERENCES

(List three references. Do not include relatives or former employers.)

Name and Occupation	Address	Phone number
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

List professional, trade, business or civic associations and any offices held. (Exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

ORGANIZATIONS	OFFICES HELD
_____	_____
_____	_____
_____	_____

List special accomplishments, publications, awards. (Exclude information that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

List any additional information you would like us to consider.

PLEASE READ CAREFULLY AND SIGN BELOW

The information set forth in this application is true, complete and accurate. I understand and agree that if employed, and during such period of employment, any false statements, misrepresentations of facts, or omissions herein become known, the Company may terminate my employment immediately. I hereby authorize you to investigate my personal history and to obtain from my previous employers any information they have concerning me. I am hereby informed that as part of the employment procedure an investigation may be made whereby information is obtained through mail, telephone and personal interviews with previous employers, personal references, friends and/or others with whom I am acquainted or have been employed. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and work habits. I hereby release such individual, company, or institution from any and all liability which might otherwise be incurred by furnishing such information, I am fully aware and understand that if I am offered a position my employment with the Company will be subject to meeting the Company's standards with respect to a medical examination and a drug and alcohol test. If employed, I understand that such employment is for no specific duration and may be terminated at any time with or without cause.

Applicant's Signature _____