



16605 North 28th Ave., Suite 102  
Phoenix, AZ 85053  
Phone: 602-714-9770

*Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.*

## Employment Application

APPLICANT INFORMATION			
Last Name:		First:	M.I.: Date:
Street Address:		Apartment/Unit #	
City:	State:	ZIP:	
Phone:	E-mail Address:		
Date Available:	Desired Salary:	Position(s) Applying for:	
Employment Preference: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>			
Are you willing to work overtime?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you legally eligible to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Do you have any relatives employed at this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, who?
How did you hear about this position?		Please specify the exact source where you heard about the job:	

EDUCATION			
High School:		Major/Courses:	Number of Years Completed:
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
College:		Major/Courses:	Number of Years Completed:
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Grad. Studies:		Major/Courses:	Number of Years Completed:
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Other:		Major/Courses:	Number of Years Completed:
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:

REFERENCES	
<i>Please list three professional references.</i>	
Full Name:	Relationship:
Company:	Phone (      )
Address:	

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Address:	
Full Name:	Relationship:
Company:	Phone (      )
Address:	

PREVIOUS EMPLOYMENT			
Company:		Phone (      )	
Address:		Supervisor:	
Job Title:	Starting Salary	\$	Ending Salary \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company:		Phone (      )	
Address:		Supervisor:	
Job Title:	Starting Salary	\$	Ending Salary \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company:		Phone (      )	
Address:		Supervisor:	
Job Title:	Starting Salary	\$	Ending Salary \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company:		Phone (      )	
Address:		Supervisor:	
Job Title:	Starting Salary	\$	Ending Salary \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**OTHER INFORMATION**

Have you ever pled guilty, or no contest to, or been convicted of, a misdemeanor or felony in the last seven (7) years? YES ☐ NO ☐

If yes, please describe the crime – state nature of the crime(s), when and where convicted and the disposition of the case:

*NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.*

Have you ever been  
in the Military  
Service:

YES ☐ NO ☐

From: To:

Rank at Discharge:

Type of Discharge:

*NOTE: A dishonorable or general discharge is not an absolute bar to employment. Other factors will affect a final decision to hire or not to hire.*

Driving History – Complete this section only if it relates to one or more of the jobs for which you are applying

DL Issuing State:

Class:

DL Number:

Expiration:

DRIVING RECORD (Last 3 Years):

Number of Tickets:

Number of Accidents:

Do You Have Automobile Liability Insurance: YES ☐ NO ☐

Have You Been Convicted of a DUI: YES ☐ NO ☐

If hired, are you willing to submit to and pass a controlled substance test?

YES ☐ NO ☐

Resume attached? YES ☐ NO ☐

**EMERGENCY CONTACT INFORMATION**

Emergency Contact:

Emergency Phone: ( )

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date