



16638 N. 90TH ST.
SCOTTSDALE, AZ 85260

IT IS OUR POLICY TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITY TO ALL QUALIFIED PERSONS WITHOUT REGARD TO RACE, CREED, COLOR, RELIGIOUS BELIEF, SEX, AGE, NATIONAL ORIGIN, SEXUAL ORIENTATION, ANCESTRY, PHYSICAL OR MENTAL HANDICAP OR VETERAN STATUS.

LAST NAME	FIRST	MIDDLE	DATE
STREET ADDRESS			HOME TELEPHONE ()
CITY, STATE, ZIP			CELLULAR TELEPHONE ()
HOW WERE YOU REFERRED TO US?			
POSITION DESIRED:			PAY EXPECTED:
APART FROM ABSENCE FOR RELIGIOUS OBSERVANCES, ARE YOU AVAILABLE FOR FULL-TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHAT HOURS CAN YOU WORK?			ARE YOU AT LEAST 16 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHEN WILL YOU BE AVAILABLE TO BEGIN?
IN ADDITION TO YOUR WORK HISTORY, ARE THERE ANY OTHER SKILLS, QUALIFICATIONS OR EXPERIENCE WE SHOULD CONSIDER?			ARE YOU BILINGUAL? <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE:

SCHOOL	NAME/LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE/DIPLOMA?
HIGH SCHOOL					
COLLEGE					
COLLEGE					
OTHER					
OTHER					

EMPLOYMENT HISTORY		PLEASE GIVE ACCURATE, COMPLETE, FULL-TIME AND PART-TIME EMPLOYMENT INFORMATION (START WITH MOST RECENT)		
COMPANY NAME	TELEPHONE ()			
ADDRESS	DATE STARTED:	STARTING WAGE:	STARTING POSITION:	
NAME OF SUPERVISOR	DATE ENDED:	ENDING WAGE:	ENDING POSITION:	
MAY WE CONTACT ? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING:			
RESPONSIBILITIES				
COMPANY NAME	TELEPHONE ()			
ADDRESS	DATE STARTED:	STARTING WAGE:	STARTING POSITION:	
NAME OF SUPERVISOR	DATE ENDED:	ENDING WAGE:	ENDING POSITION:	
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING:			
RESPONSIBILITIES				
COMPANY NAME	TELEPHONE ()			
ADDRESS	DATE STARTED:	STARTING WAGE:	STARTING POSITION:	
NAME OF SUPERVISOR	DATE ENDED:	ENDING WAGE:	ENDING POSITION:	
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING:			
RESPONSIBILITIES				

DID YOU SERVE IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	DURING THE PAST 7 YEARS, HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE IN FULL: (A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT)
IF YES, WHICH BRANCH?	
DESCRIBE ANY TRAINING RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.	

I CERTIFY THAT THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. THIS COMPANY IS HEREBY AUTHORIZED TO MAKE ANY INVESTIGATIONS OF MY PRIOR EDUCATIONAL AND EMPLOYMENT HISTORY. I UNDERSTAND THAT EMPLOYMENT AT THIS COMPANY IS "AT WILL" WHICH MEANS THAT EITHER I OR THIS COMPANY CAN TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, AND FOR ANY REASON NOT PROHIBITED BY STATUTE. ALL EMPLOYMENT WILL CONTINUE ON THAT BASIS. I UNDERSTAND THAT NO SUPERVISOR, MANAGER OR EXECUTIVE OF THIS COMPANY, OTHER THAN THE PRESIDENT HAS THE AUTHORITY TO ALTER THE FOREGOING.

SIGNATURE

DATE