



APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We are a smoke-free establishment per A.R.S. §36-601.01. The telephone number for making complaints is 1-877-429-6676 or online at www.smokefreearizona.com We are an equal opportunity employer.

(PLEASE PRINT)

Position(s) Applied For:		Date of Application:	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Web Site
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name:		First Name:	Middle Name:
Address: PO Box & Street Address		City:	State: Zip:
Telephone Number(s)		Social Security Number:	

- If you are Under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Have you ever filed an application with us before? Yes No
- Have you ever been employed with us before? Yes No
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Yes No
- On what date would you be available for work? _____
- Are you available to work: Full Time Part Time Shift Work Temporary
- Are you currently on "lay-off" status and subject to recall? Yes No
- Can you travel if a job requires it? Yes No
- Have you ever been convicted of a felony or a misdemeanor crime of moral turpitude?
Conviction will not necessarily disqualify an applicant from employment. Yes No

If Yes, please explain _____

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States military:

EMPLOYMENT EXPERIENCE

<p>1. Employer _____ Address _____ Telephone Number(s) _____ Job Title _____ Supervisor _____ Reason for Leaving _____</p>	<p><u>Dates Employed:</u> From <input type="text"/> To <input type="text"/> <u>Hourly Rate/Salary:</u> Starting <input type="text"/> Final <input type="text"/></p>	<p>Work Performed _____ _____ _____ _____ _____ _____</p>
<p>2. Employer _____ Address _____ Telephone Number(s) _____ Job Title _____ Supervisor _____ Reason for Leaving _____</p>	<p><u>Dates Employed:</u> From <input type="text"/> To <input type="text"/> <u>Hourly Rate/Salary:</u> Starting <input type="text"/> Final <input type="text"/></p>	<p>Work Performed _____ _____ _____ _____ _____ _____</p>
<p>3. Employer _____ Address _____ Telephone Number(s) _____ Job Title _____ Supervisor _____ Reason for Leaving _____</p>	<p><u>Dates Employed:</u> From <input type="text"/> To <input type="text"/> <u>Hourly Rate/Salary:</u> Starting <input type="text"/> Final <input type="text"/></p>	<p>Work Performed _____ _____ _____ _____ _____ _____</p>
<p>4. Employer _____ Address _____ Telephone Number(s) _____ Job Title _____ Supervisor _____ Reason for Leaving _____</p>	<p><u>Dates Employed:</u> From <input type="text"/> To <input type="text"/> <u>Hourly Rate/Salary:</u> Starting <input type="text"/> Final <input type="text"/></p>	<p>Work Performed _____ _____ _____ _____ _____ _____</p>

If you need additional space, please continue on a separate sheet of paper.

**List professional, trade, business or civic activities and offices held.
 You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.**

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> PC	<input type="checkbox"/> Fax	Production/Mobile Machinery (list): _____	Other (list): _____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Windows O.S.		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> MS Office		
<input type="checkbox"/> Word Perfect	<input type="checkbox"/> Digital Camera		

State any additional information you feel may be helpful to us in considering your application.

References:

1. _____
(NAME) (Phone #)

(Address)
2. _____
(NAME) (Phone #)

(Address)
3. _____
(NAME) (Phone #)

(Address)

