

APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICATIONS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS.

(PLEASE PRINT LEGIBLY AND COMPLETE ALL AREAS)

POSITION APPLIED FOR:

DATE OF APPLICATION

NAME:

LAST

FIRST

MIDDLE

ADDRESS:

CITY

STATE

ZIP

TELEPHONE NUMBER(S):

SOCIAL SECURITY NUMBER:

DESIRED PAY RATE \$

PER HOUR

REFERRED BY:

ADVERTISEMENT

EMPLOYMENT AGENCY

FRIEND

RELATIVE

WALK IN

OTHER

IN CASE OF AN EMERGENCY, PLEASE NOTIFY

NAME

ADDRESS

TELEPHONE

NOTE: THIS COMPANY REQUIRES RANDOM/REGULAR DRUG TESTING. ALL EMPLOYEES WILL BE SUBJECTED TO THIS TEST.

INITIALS

NOTE: ARE YOU SUBJECT TO A CHILD SUPPORT ORDER AND/OR WAGE WITHHOLDING?

YES

NO

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK? YES/NO

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? YES/NO
IF YES, GIVE DATE(S) - -19

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? YES/NO
IF YES, GIVE DATE(S) - -19

ARE YOU CURRENTLY EMPLOYED? YES/NO

IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES/NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES/NO
*** proof of citizenship or immigration status will be required upon employment.**

DO YOU HAVE PROOF OF A VALID AZ DRIVER'S LICENSE? YES/NO

IF NOT, CAN YOU GET ONE? YES/NO

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? YES/NO
*** Conviction will not necessarily disqualify an applicant from employment.**

IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER HAD ANY JOB-RELATED TRAINING IN THE UNITED STATES MILITARY? YES/NO
IF YES, PLEASE DESCRIBE _____

ARE YOU PHYSICALLY OR OTHERWISE UNABLE TO PERFORM DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING? YES/NO

IF YES, PLEASE DESCRIBE _____

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?

ARE YOU AVAILABLE TO WORK: _____ FULL TIME _____ PART TIME _____ TEMPORARY
EDUCATION: NAME AND LOCATION CIRCLE LAST DID YOU
SUBJECT

_____ YEARS COMPLETED GRADUATE? STUDIED
GRAMMAR YES/NO
SCHOOL YES/NO_

HIGH 1 2 3 4 YES/NO

COLLEGE/ 1 2 3 4 YES/NO

LIST ANY PROFESSIONAL TRADES, BUSINESS, CIVIC ACTIVITIES, OR SPECIAL SKILLS:

STATE ANY ADDITIONAL INFORMATION YOU MAY FEEL TO BE HELPFUL IN CONSIDERING THIS APPLICATION:

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INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE

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SPEAK: _____

READ: _____

WRITE: _____

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REFERENCES:

GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

1. _____

2. _____

3. _____

EMPLOYMENT EXPERIENCE:

START WITH YOUR PRESENT EMPLOYER OR YOUR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, HANDICAP OR OTHER PROTECTED STATUS.

**1. EMPLOYER
EMPLOYED**

DATES

ADDRESS

FINAL

TELEPHONE NUMBER

HOURLY RATE / SALARY START -

WORK PERFORMED

REASON FOR LEAVING

**2. EMPLOYER
EMPLOYED**

DATES

ADDRESS

FINAL

TELEPHONE NUMBER

HOURLY RATE / SALARY START -

WORK PERFORMED

REASON FOR LEAVING

**3. EMPLOYER
EMPLOYED**

DATES

ADDRESS

FINAL

TELEPHONE NUMBER

HOURLY RATE / SALARY START -

WORK PERFORMED

REASON FOR LEAVING

**4. EMPLOYER
EMPLOYED**

DATES

ADDRESS

TELEPHONE NUMBER
FINAL

HOURLY RATE / SALARY START -

WORK
REASON FOR LEAVING

PERFORMED

* IF ADDITIONAL SPACE IS NEEDED, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.
THE FOLLOWING IS A LIST OF TOOLS WE REQUIRE FOR EMPLOYMENT,
PLEASE CHECK OR MARK THE TOOLS YOU DO OWN.

- (1) Sheet Metal Hammer
- (1) Left Snips
- (1) Large Slotted Screwdriver
- (1) Phillips Screwdriver
- (1) Thin Scratch Awl for Registers
- (1) Set Hex Key Wrenches'
- (1) Tool Pouch
- (1) Hole Punch (Whitney Punch)
- (1) Lineman's Side Cutters
- (1) Medium Crescent Wrench
- (1) 5/16 Nut Driver
- (1) Torpedo Level
- (1) Tubing Cutter
- (1) Duct Knife
- (1) 3/8 VSR Drill
- (1) Steel Snips or Aluminum
- (1) Set Dividers
- (1) Plumb Bob

- (1) Hand Crimper
- (1) Right Snips
- (1) Small Slotted Screwdriver
- (1) Heavy Duty Scratch Awl
- (1) Hand Seamer
- (1) Panduit Gun
- (1) Pop Riveter
- (1) Set Channel Lock Pliers
- (1) 1/4" Nut Driver
- (1) 2' Level
- (1) Tape Measure (16' MINIMUM)
- (*) Gauges
- (*) Torches
- (*) Meters
- (*) Leak Detector
- (*) Vacuum Pump
- (*) Reclaim Machine
- (*) EPA Certified

I authorize investigations of all statements contained in this application. And I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand that my employment is for no definite period and may be terminated at any time without previous notice.

Date: _____ Signature: _____

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DO NOT WRITE BELOW THIS LINE

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INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS: _____ CHARACTER: _____

PERSONALITY: _____ ABILITY: _____

DATE HIRED: _____ **POSITION:** _____

RATE OF PAY: _____

RECEIVED ALL NECESSARY FORMS: _____