

EMPLOYMENT

APPLICATION



2581 Highway 95, Parker, AZ 85344 ~ 928-667-4593 ~ www.Havasusprings.com

This organization is an equal opportunity employer. All applicants and employees are considered for employment, development, advancement, and compensation based upon their skills and performance, without regard to race, color, religion, sex, national origin, age, or handicap.

Please provide **ALL** the information requested.

DATE _____

NAME _____ SS# _____ Phone # _____

Street _____ City _____ ST. _____ Zip _____

Date of Birth (optional) _____ Date Available _____ E-mail Address _____

Do you have reliable transportation? _____ Position desired _____ Salary Desired _____

Part-time _____ Fulltime _____ Temporary _____ Permanent _____ Number # of hours desired _____

AVAILABILITY: CIRCLE DAYS & SHIFTS You CAN Work. D – day / N – night. Total flexibility is desired. Post hours if needed.

MONDAY	D	N	TUESDAY	D	N	WEDNESDAY	D	N			
THURSDAY	D	N	FRIDAY	D	N	SATURDAY	D	N	SUNDAY	D	N

How were you referred: Newspaper _____ Employment Agency _____ Person (Name) _____

Have you worked here before? _____ When? _____ Under what name? _____

Do you have any relatives employed with us? _____

Please check one: US Citizen _____ Legally Eligible to hold permanent employment in the USA _____
(you will be asked to provide proper documentation as required by Federal law)

Are you at least 18 years of age? **Yes / No** If not documents authorizing employment may be required.
Are you at least 19 years of age? **Yes / No** 19 is the legal age to SERVE alcohol in Arizona.

Have you ever been convicted of a felony? **Yes / No** (does not bar you from employment)
If YES, please explain offense and final disposition _____

EDUCATION

School Name	Major	# of Years	Degree /Certificate
HIGH SCHOOL			

COLLEGE _____

OTHER _____

PLEASE COMPLETE THE OTHER SIDE

WORK HISTORY Please have correct phone numbers. You may also use Resume for this section

COMPANY: _____ ADDRESS _____
PHONE # _____ TYPE OF BUSINESS: _____ SUPERVISOR _____
DATES EMPLOYED: From _____ To _____ POSITION HELD _____
SALARY: START _____ ENDING _____
RESPONSIBILITIES: _____
REASON FOR LEAVING _____

COMPANY: _____ ADDRESS _____
PHONE # _____ TYPE OF BUSINESS: _____ SUPERVISOR _____
DATES EMPLOYED: From _____ To _____ POSITION HELD _____
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DATES EMPLOYED: From _____ To _____ POSITION HELD _____
SALARY: START _____ ENDING _____
RESPONSIBILITIES: _____
REASON FOR LEAVING _____

Professional & Personal References List at least (2) Professional & (1) Personal Reference who can verify your work history.

NAME	Employer / Address	Daytime Phone #	Relationship / years known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

READ CAREFULLY BEFORE SIGNING

I do hereby authorize any person, firm, corporation, or other entity to furnish any information requested by this employer, relative to my character, police or criminal records, employment history, educational credentials, or credit. I do further release and discharge any party delivering information to this employer pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of any information requested by this employer. I certify that all statements on this application for employment are true and complete, and I understand that any false, misleading, or omitted statements shall be considered sufficient cause for my immediate discharge, if employed. Further, I understand that this employment application and any other company document or statement made should not be construed as direct, implied, or inferred contracts of employment between myself and this employer, and that, if employed, my employment is for no definite period and that my employment and compensation can be terminated with or without cause and with or without notice at any time, at the option of either me or my employer.

Signature: _____ **Date:** _____