

Employment Application

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:

Full Legal Name:

SS#

Phone:

Street Address:

City:

State:

Zip:

Date of Birth:

Date Available to start:

Email Address:

Do you have reliable transportation?

Position Desired:

Salary Desired:

Part-time:

Fulltime:

Temporary:

Permanent:

Number # Of Hours Desired Per Week:

AVAILABILITY: Total flexibility is desired. Select days and shifts that you are available. D=day | N=night.

SUN D N MON D N TUE D N WED D N THUR D N FRI D N SAT D N

How were you referred: Newspaper

Employment Agency

Person: (Name)

Have you been employed with us previously?

When?

Under what name?

Do you have any relatives employed with us? If yes, please list name/s

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.

18 is the legal age to SERVE alcohol in Arizona.

Have you ever been convicted of a felony? (does not bar you from employment)

If YES, please explain offense and final disposition:

EDUCATION

High School:

Graduated:

Yes

No

GED

College:

Graduated:

Yes

No

GED

Other:

Graduated:

Yes

No

GED

WORK HISTORY - Please have correct phone numbers. You may also use your resume for this section.

| | | | |
|---------------------|------------------|--------------------------|---------------|
| COMPANY: | POSITION: | EMPLOYMENT DATES: | |
| Address: | City: | State: | Zip: |
| Phone: | Supervisor: | Salary: Start | Ending |
| Responsibilities: | | | |
| Reason For Leaving: | | | |

| | | | |
|---------------------|------------------|--------------------------|---------------|
| COMPANY: | POSITION: | EMPLOYMENT DATES: | |
| Address: | City: | State: | Zip: |
| Phone: | Supervisor: | Salary: Start | Ending |
| Responsibilities: | | | |
| Reason For Leaving: | | | |

| | | | |
|---------------------|------------------|--------------------------|---------------|
| COMPANY: | POSITION: | EMPLOYMENT DATES: | |
| Address: | City: | State: | Zip: |
| Phone: | Supervisor: | Salary: Start | Ending |
| Responsibilities: | | | |
| Reason For Leaving: | | | |

PROFESSIONAL AND 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.

Type To Sign:
Print Name:

Date: