



POSITION OF INTEREST

PERSONAL INFORMATION

			SOC. SEC. #	
FIRST NAME	M	LAST NAME	TELEPHONE	()
STREET ADDRESS / APT. #		CITY	STATE	ZIP CODE
EMAIL:			CELL PHONE:	()

Are you over the age of 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If NO, do you have a work permit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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EMPLOYMENT HISTORY

List your last 5 positions starting with PRESENT or LAST EMPLOYER

From:		Employer:		Position:	
To:		Supervisor:		Telephone:	()
Brief description of job duties and reasons for leaving:					
					Wages:
<hr/>					
From:		Employer:		Position:	
To:		Supervisor:		Telephone:	()
Brief description of job duties and reasons for leaving:					
					Wages:
<hr/>					
From:		Employer:		Position:	
To:		Supervisor:		Telephone:	()
Brief description of job duties and reasons for leaving:					
					Wages:

Please list all your skills that relate to the position for which you are applying:

1.	4.
2.	5.
3.	6.

SCHEDULING AVAILABILITY **NAME:** _____

Please indicate what times of the day you are available for work / training for the next three months. If you are available, place an "X" in that box; leave "BLANK" if NOT available; and indicate specific times if applicable.

	MON	TUES	WEDNES	THURS	FRI	SAT	SUN
AM SHIFT 8-5PM							
PM SHIFT 5-CLOSE							
EXCEPTIONS							

Write any specific dates are exceptions to the above scheduling availability on the back of this section of the application.

EDUCATION AND ACHIEVEMENTS

High School:		Graduated?	YES		NO	
College or Other Schools:		Graduated?	YES		NO	Degree:
College or Other Schools:		Graduated?	YES		NO	Degree:
College or Other Schools:		Graduated?	YES		NO	Degree:

LIST PERSONAL CERTIFICATES, ACHIEVEMENTS, AWARDS, ETC.:

1.	4.
2.	5.
3.	6.

PERSONAL REFERENCES

List former employers (NOT relatives) that we can contact regarding recommendations for your employment

Name:		Telephone:	()	Relationship and Occupation:	
Name:		Telephone:	()	Relationship and Occupation:	
Name:		Telephone:	()	Relationship and Occupation:	

Have you been convicted of a felony in the last seven (7) years? YES NO

If YES, explain:

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. If printed or faxed, my name listed below is my signature. I understand that if employed, an original signature will be required.

Signature		Date	
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This document will be kept on file in the facility for a period of one year from the time of the application for employment.



13525 N. Litchfield Road, Surprise, Arizona 85379

NOTES SPECIFIC TO SCHEDULING AVAILABILITY
See opposite side for specific directions