

P.A.W.S.
 300 E. River Road
 Tucson, AZ 85704
 Phone: (520) 888-7897 Fax: (520)

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

	DATE		
NAME (Last)	(First)	(Middle)	Social Security Number
PRESENT ADDRESS (Street)	(City)	(State)	(Zip)
MAILING ADDRESS (Street)	(City)	(State)	(Zip)
PHONE NUMBER(s)	Are you 18 years or older?		
Home phone number ()	Work phone (optional) ()	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS:

- Are you prevented from lawfully becoming employed in the U.S.? Yes_____ No_____
- Date of birth * _____
- What foreign languages do you speak fluently? _____ Read_____ Write_____
- Have you ever been convicted of a felony or misdemeanor? **Yes_____ No_____ Describe:

* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

** You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

EMPLOYMENT DESIRED

Position you are seeking	Date you can start	Salary desired
Are you employed now?	If so, may we contact your present employer?	
Ever applied to this company before?	Where?	When?

EDUCATION

NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL

Subjects of special study or research work

FORMER EMPLOYERS		(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)		
DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES		(GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)			
NAME	ADDRESS	BUSINESS	PHONE NUMBER	YRS. KNOWN	
1.					
2.					
3.					

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES
NO

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

PLEASE DESCRIBE

IN CASE OF EMERGENCY, NOTIFY	NAME	ADDRESS	PHONE NO.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

DATE: _____ SIGNATURE _____