



AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE INTERVIEWED OR EMPLOYED.
APPLICATIONS ARE CURRENT FOR FORTY-FIVE (45) DAYS. IF YOU ARE STILL INTERESTED IN A POSITION AFTER FORTY FIVE DAYS, A NEW APPLICATION MUST BE FILED.

PLEASE COMPLETE EACH SECTION OF THIS APPLICATION (PLEASE TYPE OR PRINT IN INK)

NAME _____
(FIRST) (MIDDLE) (LAST) (DATE)

ADDRESS _____
(NUMBER) (STREET) (TELEPHONE)

(CITY) (STATE) (ZIP) (SOCIAL SECURITY NUMBER)

Position Applied For _____

Referral Source: Advertisement Friend Salary Desired _____
 Employment Agency Relative \$ _____
 Walk-In Other _____

Are you 19 years or age or older? _____

Have you filed an application here before? Yes No

If yes, give date _____

Have you ever been employed here before? Yes No

If yes, give date _____

Are you employed now? Yes No

BUSINESS SKILLS: indicate familiarity and speed

____ Typing _____ WPM

____ Shorthand _____ WPM

____ Word Processing _____ WPM

____ Dictating Equipment

____ Calculators

On what date would you be able to work? _____

Hardware & Software: _____

Are you able to work:

Full-time: _____ Part-time: _____ Temporary: _____

Other: _____

Will you work nights? _____ Will you work overtime? _____ Will you work weekends? _____

If any limitations to availability please explain: _____

EMPLOYMENT HISTORY (Account for the last 10 Years) SEE NEXT PAGE FOR ADDITIONAL SPACE IF NEEDED	MUST BE COMPLETED IN FULL
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CURRENT OR LAST EMPLOYER		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS OF EMPLOYER		TELEPHONE NUMBER ()	
STARTING POSTION	STARTING SALARY	BONUS	OTHER COMPENSATION
CURRENT OR LAST POSITION	FINAL SALARY	BONUS	OTHER COMPENSATION
DATE EMPLOYED FROM / /	TO / /	IMMEDIATE SUPERVISOR	CURRENT TEL # OF SUPERVISOR ()
DUTIES			
REASON FOR LEAVING			

NEXT PREVIOUS EMPLOYER		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS OF EMPLOYER		TELEPHONE NUMBER ()	
STARTING POSTION	STARTING SALARY	BONUS	OTHER COMPENSATION
CURRENT OR LAST POSITION	FINAL SALARY	BONUS	OTHER COMPENSATION
DATE EMPLOYED FROM / /	TO / /	IMMEDIATE SUPERVISOR	CURRENT TEL # OF SUPERVISOR ()
DUTIES			
REASON FOR LEAVING			

NEXT PREVIOUS EMPLOYER		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS OF EMPLOYER		TELEPHONE NUMBER ()	
STARTING POSTION	STARTING SALARY	BONUS	OTHER COMPENSATION
CURRENT OR LAST POSITION	FINAL SALARY	BONUS	OTHER COMPENSATION
DATE EMPLOYED FROM / /	TO / /	IMMEDIATE SUPERVISOR	CURRENT TEL # OF SUPERVISOR ()
DUTIES			
REASON FOR LEAVING			

NEXT PREVIOUS EMPLOYER		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS OF EMPLOYER		TELEPHONE NUMBER ()	
STARTING POSTION	STARTING SALARY	BONUS	OTHER COMPENSATION
CURRENT OR LAST POSITION	FINAL SALARY	BONUS	OTHER COMPENSATION
DATE EMPLOYED FROM / / TO / /	IMMEDIATE SUPERVISOR	CURRENT TEL # OF SUPERVISOR ()	
DUTIES			
REASON FOR LEAVING			

EMPLOYMENT HISTORY:

STATE WHAT YOU DID IN ANY PERIODS NOT ALREADY COVERED ON PREVIOUS PAGE, ADDITIONAL SHEETS MAY BE ATTACHED IF NECESSARY	
DATES	EMPLOYERS / ACTIVITIES
LIST ANY ADDITIONAL EXPERIENCE, SKILLS, QUALIFICATIONS THAT YOU BELIEVE WOULD ASSIST YOU IN YOUR EMPLOYMENT WITH RUSTLER'S ROOSTE	
BASED ON YOUR OPINION OF YOURSELF AND YOUR PREVIOUS EMPLOYMENT, WHAT KIND OF EMPLOYEE WILL YOU BE REGARDED:	
ATTENDANCE:	
RESPONSIBILITY	
ATTITUDE:	
LIST ANY PROFESSIONAL REGISTRATIONS / AFFILIATIONS	

EDUCATION:

TYPE	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA?
HIGH SCHOOL	NAME OF SCHOOL LOCATION			YES NO YEAR	
COLLEGE	NAME OF SCHOOL LOCATION			YES NO YEAR	
GRADUATE SCHOOL	NAME OF SCHOOL LOCATION			YES NO YEAR	
OTHER	NAME OF SCHOOL LOCATION			YES NO YEAR	

REFERENCES:

PLEASE LIST 3 BUSINESS REFERENCES (THOSE WHO KNOW AND CAN COMMENT ON YOUR WORK EXPERIENCE)				
NAME	COMPANY	ADDRESS	ZIP	AREA CODE / PHONE
NAME	COMPANY	ADDRESS	ZIP	AREA CODE / PHONE
NAME	COMPANY	ADDRESS	ZIP	AREA CODE / PHONE

PHYSICAL RECORD:

Do you regularly take any prescription drugs or other medication that may affect you during work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a drinking problem? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Do you have any addiction or dependence upon drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain:
If you believe yourself to have physical / mental handicap that would substantially restrict or limit your ability to perform the job or work you have applied for, or restrict or limit you in advancing in your employment, please explain,
[Arizona Law §41-1461, defines the term “qualified handicapped individual “ as: “A person with a handicap who with reasonable accommodations capable of performing the essential functions of the particular job in question with in the normal operations of the employer’s business in terms of physical Requirements, education, skill and experience.”]
Do you smoke? _____ (Rustler’s Rooste conforms to ordinances that limit areas for smoking and has policies governing smokers)

PERSONAL:

Do you have relatives or friends employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No Name / Relationship
Do you have dependable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what kind?
Do you have a valid Arizona Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No Drivers License Number:
Are you willing to use your vehicle for work / business purposes?
Are you legally eligible for employment in the U.S.A.? [Per immigration Reform and Control Act of 1986, verification of an applicant’s identity and eligibility for employment is necessary. Identifying documents include: U.S. Passport, certificate of U.S. Citizenship, certificate of naturalization, foreign passport with unexpired Endorsement by Attorney General for work in U.S., or resident alien / registration card containing photograph and authorizing employment.]
Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify you from employment) <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain

APPLICANT’S STATEMENT

1. All the information given by me in this application is true and correct. False information (misrepresentation or omission of information called for) is a basis for dismissal. I authorize investigation of all information contained herein and specifically authorize the employers and references to give you any and all information concerning me and, by doing so, release all persons from any liability for any damage that may result from furnishing some to you.
2. In consideration for my employment, I agree to conform to the Rustler’s Rooste policies, practices, rules/regulations and guidelines, which may be changed from time to time. I further agree that my employment (and the terms and benefits provided to me) is not intended to and does not constitute any contractual relationship, is for no definite period of time, and is terminable by myself or Rustler’s Rooste with or without notice or cause. No oral statement or representations made either before or during employment can change or modify the non-contractual and at-will relationship.
3. In further consideration form my employment, I understand and agree that there are other forms, statements, and provisions that have to be completed and agreed to, and those forms, statements, and provisions are part of this application and will be included within my employment records.

(SIGNATURE OF APPLICANT)

(DATE)