

**EMPLOYMENT APPLICATION FORM
AN EQUAL OPPORTUNITY EMPLOYER**



Please print
Information Requested
Except Signature

Date _____

APPLICANT INFORMATION

Last Name		First Name		MI	Social Security	
Present Address:		City		State	Zip+4	Phone:
How Long?						
Mailing Address:		City		State	Zip+4	
Referred By:						
Are You Legally Eligible for Employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>						

EMPLOYMENT DESIRED

Position:		Start Date:		Salary Desired:	
Days/Hours Available to Work:	Sun, Mon, Tue, Wed, Thu, Fri, Sat (circle)		No Preference <input type="checkbox"/>		
How Many Hours Desired?		Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>		
Are You Currently Employed?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If So, May We Inquire of Your Present Employer?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are You Related To Anyone Currently Working For This Company?			Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, To Whom Are You Related?	

EDUCATION

Name of School	Location	Year Completed	Major/Degree
High School			
College/Trade School			

Embracing People with Significant Disabilities Through Employment Opportunities
2851 N. Country Club Rd. Tucson, AZ 85716, Tel: (520) 326-4393 Fax: (520) 795-3985

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GENERAL INFORMATION

Certificates/work or special skills

Military Service Yes No

Branch

Disabled Veteran Yes No

FORMER EMPLOYERS

DATE (mo/yr)	NAME OF EMPLOYER	ADDRESS / PHONE	SALARY	POSITION	REASON FOR LEAVING
From To					
From To					
From To					

REFERENCES

NAME	ADDRESS	PHONE	YEARS KNOWN

ACKNOWLEDGEMENT AND AUTHORIZATION:

____ I certify that all answers provided here are complete and to the best of my knowledge.

____ I authorize investigation of all statements contained herein for employment and permission to contact any source for verification of these statements.

____ In the event I am employed by J. P. Industries, Inc., I understand that false or misleading information given on my application or interview may result in discharge/termination.

Date _____ Signature _____

Interviewer Remarks:

Interviewed By _____

Date _____