



Employment Application

EMAIL: _____

ADDRESS 1762 WEST GRANT ROAD TUCSON, AZ 85745 PHONE (520)-572-7239 FAX (520)-744-4091

Notice to Applicant: We are an equal opportunity employer and do not discriminate based on an applicant's or employee's race, color, sex, age, disability, religion, national origin, marital status, sexual orientation, or political belief.

PERSONAL INFORMATION

NAME: _____	SOCIAL SECURITY: _____
ADDRESS: _____	DATE OF BIRTH: _____
CITY: _____ STATE: _____ ZIP: _____	PHONE: _____

POSITION INFORMATION

POSITION APPLIED FOR: _____
DEPARTMENT/GROUP: _____

DRIVING HISTORY

DRIVER'S LICENSE

STATE: _____ LICENSE#: _____ TYPE: _____ EXPIRATION DATE: _____

DRIVING EXPERIENCE LOADER FORKLIFT CRANE

OTHER: _____ APPROX. # OF MILES: _____

RECORD

PREVIOUS ACCIDENTS: _____ DATE: _____ SEVERITY: _____

INJURIES: _____ OTHER: _____

TRAFFIC CONVICTIONS: (OTHER THAN NON-MOVING VIOLATIONS)

LOCATION: _____ DATE: _____

CHARGE: _____ PENALTY: _____

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES NO

B. HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO

PROFESSIONAL REFERENCES

NAME: _____	RELATIONSHIP: _____	PHONE NUMBER: _____
NAME: _____	RELATIONSHIP: _____	PHONE NUMBER: _____
NAME: _____	RELATIONSHIP: _____	PHONE NUMBER: _____

WORK HISTORY (BEGIN WITH MOST RECENT)-DOT DRIVERS MUST PROVIDE 10 YEARS OF HISTORY, ASK FOR ADDITIONAL PAPER IF NEEDED.

FROM: _____ TO: _____ NAME: _____ PHONE: _____
ADDRESS: _____ SALARY: _____
POSITION HELD: _____ SUPERVISOR: _____
REASON FOR LEAVING: _____

FROM: _____ TO: _____ NAME: _____ PHONE: _____
ADDRESS: _____ SALARY: _____
POSITION HELD: _____ SUPERVISOR: _____
REASON FOR LEAVING: _____

FROM: _____ TO: _____ NAME: _____ PHONE: _____
ADDRESS: _____ SALARY: _____
POSITION HELD: _____ SUPERVISOR: _____
REASON FOR LEAVING: _____

GENERAL INFORMATION

HAVE YOU EVER FAILED A DRUG SCREEN TEST? YES NO
HAVE YOU EVER BEEN RELEASED FROM EMPLOYMENT BECAUSE OF DRUG OR ALCOHOL ABUSE? YES NO
DO YOU AGREE TO DO A DRUG SCREENING TEST BEFORE EMPLOYMENT? YES NO
HAVE YOU EVER FILED A CLAIM WITH WORKER'S COMPENSATION? YES NO
DO YOU HAVE PREPAID LEGAL INSURANCE? YES NO

PHYSICAL HISTORY

LIST ANY PHYSICAL LIMITATIONS (SUCH AS EYESITE, LIMB IMPAIRMENT, DIABETES)

ARE YOU PHYSICALLY CAPABLE OF DOING HEAVY MANUAL LABOR? _____
HAVE YOU EVER BEEN INJURED ON THE JOB? _____
IF YOU ANSWERED YES, GIVE NATURE OF INJURY _____
HOW MUCH TIME HAVE YOU LOST FROM WORK IN THE PAST THREE YEARS DUE TO ILLNESS? _____

PLEASE READ AND SIGN BEFORE SUBMITTING THIS APPLICATION.

I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, FALSE STATEMENTS, OMISSIONS, OR MISREPRESENTATIONS MAY RESULT IN DISMISSAL. I AUTHORIZE AZFAB TO MAKE AN INVESTIGATION OF ANY OF THE FACTS SET FORTH IN THIS APPLICATION. AZFAB MAY CONTACT ANY LISTED REFERENCES ON THIS APPLICATION. I UNDERSTAND THAT THE INFORMATION IN THIS APPLICATION WILL BE USED AND THAT PREVIOUS EMPLOYERS WILL BE CONTACTED.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

OFFICE USE ONLY	WELDING TEST:	CUT TEST:	READS BLUEPRINT:	HIRE AS:	RATE OF PAY:
	<input type="checkbox"/> GOOD <input type="checkbox"/> MODERATE <input type="checkbox"/> POOR	<input type="checkbox"/> GOOD <input type="checkbox"/> MODERATE <input type="checkbox"/> POOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> WELDER <input type="checkbox"/> HELPER	\$ _____/HR