



AZFABE

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

<u>DRIVER'S LICENSE</u>			
STATE: _____	LICENSE#: _____	TYPE: _____	EXPIRATION DATE: _____

<u>DRIVING EXPERIENCE</u>			
<input type="checkbox"/> LOADER	<input type="checkbox"/> FORKLIFT	<input type="checkbox"/> CRANE	
OTHER: _____	APPROX. # OF MILES: _____		

<u>RECORD</u>			
PREVIOUS ACCIDENTS: _____	DATE: _____	SEVERITY: _____	
INJURIES: _____	OTHER: _____		

<u>TRAFFIC CONVICTIONS</u> : (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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?		<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN RELEASED FROM EMPLOYMENT BECAUSE OF DRUG OR ALCOHOL ABUSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU AGREE TO DO A DRUG SCREENING TEST BEFORE EMPLOYMENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER FILED A CLAIM WITH WORKER'S COMPENSATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU HAVE PREPAID LEGAL INSURANCE?	<input type="checkbox"/> YES	<input type="checkbox"/> 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: <input type="checkbox"/> GOOD <input type="checkbox"/> MODERATE <input type="checkbox"/> POOR	CUT TEST: <input type="checkbox"/> GOOD <input type="checkbox"/> MODERATE <input type="checkbox"/> POOR	READS BLUEPRINT: <input type="checkbox"/> YES <input type="checkbox"/> NO	HIRE AS: <input type="checkbox"/> WELDER <input type="checkbox"/> HELPER	RATE OF PAY: \$ _____ /HR
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