

Employment Application

Submit completed application to: info@azneca.org

An Equal Opportunity Employer - All Employees are subject to pre-employment, random and post-accident substance abuse testing

APPLICANT INFORMATION										
Last Name			First			Date				
Street Address				Apart	ment/L	Jnit #				
City			State			ZIP				
Phone		E-mail /	Address							
Date Available	Social Security No.			Desired Salary						
Position Applied for					Full-t	ime 🗌	Part-	time \square		
Are you a citizen of the United States?	YES N	Ю 🗆	If no, are you authorized	to work in	the U.S	S.? YES		NO 🗆		
Have you ever been convicted of a felony?	YES 🗌 N	ю 🗆	If yes, explain							
Do you have any physical limitations that preclude you from performing any work for which you are being considered?	YES N	10 🗆	If yes, what can be done	to accomm	odate y	your limita	ations?			

	Number of	Da	ate	Title or		
Company	Employees	То	From	Kind of Work	Wages	Reason for Leavin

MILITARY SERVICE										
Branch				From	То					
Rank at Discharge					Type of Discharge					
If other than	honorable,			<u> </u>						
explain										
	EDUCATION									
High School			Address							
From	То	Did you graduate?	YES NO	Degree						
College	College			Address						
From	То	Did you graduate?	YES NO	Degree						
Trade/ Other			Address							
From	То	Did you graduate?	YES NO	Degree						
Did you serv	e an electrical ap	prenticeship?	YES NO	Where?		How long?				
Any other ty education?	pe of electrical			·						
Special Training or Skills										
REFERENC										
Please list the	ree professional	references.								
Name				Relationship						
Compa ny				Phone ()						
Address										
Full Name				Relationship						
Compa ny				Phone ()						
Address										
Full Name				Relationship						
Compa ny				Phone (Phone ()					
Address										
DISCLAIMER AND SIGNATURE										
"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."										
This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disability Act (ADA) and other relevant federal and state laws.										
Electronic submittal of this application shall require no signature.										
Signature -										