

Northern Arizona Academy

for Career Development Incorporated

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status

(PLEASE TYPE OR PRINT)

Position(s) Applied For:	Date of Application:
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How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

Name: Last, First, Middle	Social Security Number
Address: Number, Street, City, State, Zip Code	Telephone Number(s)

If you are under 18 years of age can you provide proof of your eligibility to work? ___ YES ___ NO

Have you ever filed an application with us before? ___ YES ___ NO

If Yes, Please give date: _____

Have you ever been employed with us before? ___ YES ___ NO

If Yes, Please give date: _____

Are you currently employed with us? ___ YES ___ NO

May we contact your present employer? ___ YES ___ NO

Are you prevented from being lawfully employed in this country because of Visa or Immigration status? ___ YES ___ NO

Proof of Citizenship or Immigration status will be required upon employment.

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status, & subject to recall? ___ YES ___ NO

Can you travel if a job requires it?

Have you been convicted of a felony within the last 7 years? ___ YES ___ NO

Conviction of a Felony will not necessarily disqualify an applicant from employment.

If Yes, Please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include any job-related military service assignments, and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1. Employer		Supervisor	
Address: Number, Street, City, State, Zip Code		Dates Employed	From:_____ To:_____
		Hourly Pay/Salary	Start:_____ End:_____
		Job Title:	
Work Performed:			
Reason For Leaving:			

2. Employer		Supervisor	
Address: Number, Street, City, State, Zip Code		Dates Employed	From:_____ To:_____
		Hourly Pay/Salary	Start:_____ End:_____
		Job Title:	
Work Performed:			
Reason For Leaving:			

3. Employer		Supervisor	
Address: Number, Street, City, State, Zip Code		Dates Employed	From:_____ To:_____
		Hourly Pay/Salary	Start:_____ End:_____
		Job Title:	
Work Performed:			
Reason For Leaving:			

4. Employer		Supervisor	
Address: Number, Street, City, State, Zip Code		Dates Employed	From:_____ To:_____
		Hourly Pay/Salary	Start:_____ End:_____
		Job Title:	
Work Performed:			
Reason For Leaving:			

IF YOU NEED ADDITIONAL SPACE, PLEASE USE A SEPARATE SHEET OF PAPER.

Education

	Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate/College				
Graduate/Professional				

Indicate any Foreign languages you can speak, read, and/or write.

	FLUENT	GOOD	FAIR
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, and/or extra-curricular activities.

Describe any job-related training received in the United States Military.

List professional, trade, business, or civic activities, and offices held. You may exclude memberships that reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS

Summarize special job-related skills, & qualifications from employment or other experience.

Specialized Skills-Check Skills/Equipment Operated:

CRT Fax PBX System
 PC Lotus 1-2-3 Word Perfect
 Calculator Typewriter
 Production/Mobile Machinery(list) _____
 Other(list) _____

State any additional information you feel may be helpful to us in considering your application.

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation will be provided. YES NO

REFERENCES

Name	Telephone Number(s)	Address-Street, City, State, & Zip Code
01)		
02)		
03)		

APPLICANTS STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time, and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document, or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

I hereby understand that final employment approval is contingent on passing a background search and a drug screening.

Signature of Applicant: _____ Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: <input type="checkbox"/> YES <input type="checkbox"/> NO
Position(s) Considered For: _____ _____
Arrange Interview: <input type="checkbox"/> YES <input type="checkbox"/> NO
Remarks: _____ _____
Employed: <input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Employment: _____
Job Title: _____
Hourly Rate/Salary: _____
Department: _____
Hired By(Name & Title): _____ Date: _____
Notes: _____ _____ _____