

## **Arizona Sports Complex**

## **Application for Employment**

Our policy is to provide equal employment opportunity to all qualified person without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date		-				
Last Name _		First Nar	ne	Mid	dle name	
Street Addre	ss					
City		State		Zip Cod	de	
Cell Phone _		Ema	ail			_
Position App	lying For					
How did you	hear about th	is opening				
When can yo	ou start?		De	esired Wage _		<del> </del>
•		therwise autho rovide docume			an unrestricte	d basis ?
Are you look	ing for full time	e employment?	? Yes	No		
Availability						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
-	en been convi	icted of a felon	y? Yes _	No		



Education	School Name/State	Year	Major	Degree
High School				
College				
Post College				
	work history, are there ot			
Employment Histo	ory (Start with the most	: recent emp	oloyer)	
Company Name				
Address			Phone	<b>:</b>
Date Started	Starting Wage _		Starting Position	
Date Ended	Ending Wage _		Ending Position	
Name of Superviso	or	F	Phone	
May we contact hir	n/her? Yes No			
Responsibilities:				
Reason for leaving	:			



Company Name		
Address		Phone
Date Started	Starting Wage	Starting Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor		Phone
May we contact him/her?	Yes No	
Responsibilities:		
Reason for leaving:		
Company Name		
Address		Phone
Date Started	Starting Wage	Starting Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor		Phone
May we contact him/her?	Yes No	
Responsibilities:		
Reason for leaving:		
Attach additional informat		



I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if my application is considered for employment and I am 18 years old or over, that I will submit the necessary information to complete a background check per company policy. I also understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigation of my prior educational and employment history.

I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive or this company, other that the president, has any authority to alter the foregoing.

Signature Date
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