

For office use only
Position No. _____



Human Resources
P.O. Box 929
Yuma, Arizona 85366-0929
Phone: 928-344-7504 or 1-888-293-0392 TDD: 928-344-7629
FAX: 928-317-6001
www.azwestern.edu

APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

PLEASE ANSWER EACH QUESTION AS COMPLETELY AS POSSIBLE, EVEN IF YOU ATTACH A RESUME.
A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION FOR WHICH YOU APPLY.

Date _____			Social Security Number _____		
Name (Print) _____					
Mailing Address _____		(last)	(first)	(middle)	Home Telephone: _____
					Work Telephone: _____
					Alternate Telephone: _____
City _____		State _____	Zip _____	E-Mail Address: _____	

Position Applied for: _____

Have you ever worked for AWC? If so, please give dates, position and department:

EDUCATION						
Select highest grade completed in elementary or high school Name and Location (City/State) of last High School						
Name & Location (City & State) of school	No. of Credit Hours Completed	Graduated? Yes/No	Grade Point Average	Degree Earned/Pursued	Curriculum	
					Major	Minor
College or University						
College or University						
College or University						
Other training/Education						

RECORD OF EMPLOYMENT

Fill in completely beginning with present or last position. Please include at least the last 10 years.

(INCLUDE MILITARY, VOLUNTEER WORK, ETC.)

THIS SECTION MUST BE COMPLETED EVEN IF A RESUME IS ATTACHED

Name of Employer:	Address:
Kind of Business:	Department:
Your title:	Name/Title of Supervisor:
Number Of Workers Directly Supervised By You:	Dates of Employment
Equipment or Machinery Operated:	From:
Describe each Major Function or Duty You Performed :	To:
	Total Months Worked:
	Hours Per Week:
	Starting Salary \$ Per
	Final Salary \$ Per
	May we contact your present employer?
	Yes <input type="checkbox"/> No: <input type="checkbox"/>

Reason for leaving or wanting to change:

Name of Employer:	Address:
Kind of Business:	Department:
Your title:	Name/Title of Supervisor:
Number Of Workers Directly Supervised By You:	Dates of Employment
Equipment or Machinery Operated:	From:
Describe each Major Function or Duty You Performed :	To:
	Total Months Worked:
	Hours Per Week:
	Starting Salary \$ Per
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Equipment or Machinery Operated:	From:
Describe each Major Function or Duty You Performed :	To:
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	Hours Per Week:
	Starting Salary \$ Per
	Final Salary \$ Per

Reason for leaving or wanting to change:

If more space is needed, please attach additional sheet(s)

OTHER IMPORTANT INFORMATION

Are you a citizen of the United States? If not, do you hold the legal right to be employed in the United States? YES NO

If you are not a citizen, but have answered "Yes" above, please provide your visa number: _____

Have you ever been discharged or requested or forced to resign from any position for misconduct or unsatisfactory service? _____

If so, please explain: _____

Other than minor traffic violations, have you ever been convicted of a crime? If so, please explain: _____

Note: *A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstance and seriousness.*

Word Processing, Computer Equipment, Computer Software you can use and years of experience:

Typing _____ WPM

List any hand or power tools and/or other equipment you can operate and years of experience (*if applicable*):

Foreign Languages:

Read _____ Write _____ Speak _____

Other skills:

Licenses, Trade Registrations, Awards or Certificates:

List professional organizations, affiliations and/or honors.

Do you have any relatives working for AWC? If yes, provide name, relationship and department.

NO

YES

Are you applying for a job that requires a valid Driver's License? If yes, please complete:

NO

YES

LICENSE NUMBER _____ CLASS _____ STATE _____

ADDITIONAL INFORMATION

Please give any information which may more fully describe your qualifications, skills, experience, education, background and interests.

JOB REFERENCES

(Please list your supervisor in your last three positions)

1.

name title organization work phone

address city state zip home phone

2.

name title organization work phone

address city state zip home phone

3.

name title organization work phone

address city state zip home phone

NOTE: If you do not wish any of the above individuals contacted, please specify here:

CONDITIONS OF EMPLOYMENT

Read carefully before signing

In submitting this application, I understand that false or misleading statements or deliberate omission of facts will disqualify me for employment or cause my subsequent dismissal. I authorize investigation of all statements contained in this application for employment as necessary in arriving at an employment decision and release from liability any person giving or receiving any such information. I understand this application is not and is not intended to be a contract of employment. In the event of employment, I understand that I will be required to provide proof of identity and eligibility to work in the United States, sign a loyalty oath and abide by all rules and regulations of the College. If I am submitting this application electronically, I understand that my signature will be required on this application prior to receiving any employment offer.

_____/_____
SIGNATURE OF APPLICANT / DATE