

**DEPARTMENT OF ARIZONA**  
**AN EQUAL OPPORTUNITY EMPLOYER**

**APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT OR TYPE ALL INFORMATION BELOW**

POSITION APPLIED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_ CELL \_\_\_\_\_

FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_

COMPANY NAME, TELEPHONE NUMBER AND CONTACT PERSON: \_\_\_\_\_

ARE YOU AVAILABLE FOR TRAVEL IN-STATE AND OUT-OF-STATE AND ON WEEKENDS? (CONFERENCES, CONVENTIONS, NATIONAL MEETINGS)

YES \_\_\_\_\_ NO \_\_\_\_\_

EDUCATION: HIGH SCHOOL GRADUATE? YES \_\_\_\_\_ NO \_\_\_\_\_ YEAR \_\_\_\_\_

NAME AND ADDRESS OF HIGH SCHOOL \_\_\_\_\_

ADDITIONAL EDUCATION: SCHOOL NAME/LOCATION. STATE YEARS AND COURSES.

IF YOU SPEAK, READ OR WRITE ANY FOREIGN LANGUAGES, PLEASE STATE:

WHAT EXPERIENCE/BACKGROUND DO YOU HAVE ON COMPUTERS?\_\_\_\_\_

WHAT EXPERIENCE/BACKGROUND DO YOU HAVE OF BASIC BOOKKEEPING?\_\_\_\_\_

EMPLOYMENT EXPERIENCE: NAME OF LAST EMPLOYER FIRST:

EMPLOYER'S NAME AND ADDRESS:\_\_\_\_\_

EMPLOYED FROM (DATE) TO (DATE)\_\_\_\_\_

EMPLOYER'S NAME AND ADDRESS:\_\_\_\_\_

EMPLOYED FROM (DATE) TO (DATE)\_\_\_\_\_

EMPLOYERS NAME AND ADDRESS:\_\_\_\_\_

EMPLOYED FROM (DATE) TO (DATE)\_\_\_\_\_

HAVE YOU READ AND UNDERSTAND THE JOB DESCRIPTION? YES\_\_\_\_\_ NO\_\_\_\_\_

Attach resume to application

Send both to either [secretary1@aladeptaz.org](mailto:secretary1@aladeptaz.org) or mail to:

American Legion Auxiliary Dept. of AZ

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