

AZMasquerade L.L.C.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____
Last First Middle

Address: _____
Street (Apt) City/State Zip

Alternate Address: _____
Street City/State Zip

Contact Information: () _____ () _____
Home Telephone Mobile Telephone

How did you learn about our company?

POSITION SOUGHT: _____ **Available Start Date:** _____

Desired Pay Range: _____ **Are you currently employed** _____
Hourly or Salary

EMPLOYMENT DESIRED:

Full Time Part Time Relief(On Call) Daytime Evening Overnight Weekend

Times you are available:

Mon Tues Wed Thurs Friday Sat Sun

From							
To							

EDUCATION

	Name and Location	Graduate? – Degree?	Major / Subjects
High School			
College or University			
Specialized Training, Trade School			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position:

CERTIFICATIONS: CPR _____ First Aid _____ Article 9 _____

CIT I _____ CIT II _____ Preventions/Supports _____

Do you have copy of your certifications? Yes No

Do you have a current State of Arizona Level 1 Fingerprint Card? Yes No

Do you have a valid State of Arizona Drivers License? Yes No

Are you at least 18 years old? Yes No

Are you 21 years of age or older with no more than 2 minor moving violations, or 1 accident within the past 3 years? Yes No

Are you a US citizen and eligible to work in the United States? Yes No

Can you supply 3 letters of recommendation? Yes No

**Are you able to meet the physical requirements described in the job description?
 Yes No**

**Have you ever been convicted of or are awaiting trial for a felony or misdemeanor?
 Yes No**

Do you have a substantiated finding with CPS (Child Protective Services) or APS (Adult Protective Services)? Yes No

**Have you been convicted of driving under the influence in the last 5 years?
 Yes No**

PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

This application and all attached documents become official records of AZMasquerade L.L.C. and will not be returned. This application for employment will be kept on file for 6 months. I understand that if I have not heard from AZMasquerade in 6 months and still wish to be considered for the position I will need to complete a new application packet. I understand that AZMasquerade is an Employment-At-Will Employer, which means that either AZMasquerade or I can terminate the employment relationship at any time for any lawful reason. I understand that this Employment-At-Will relationship can only be altered by a written employment contract specific to all terms and conditions of employment which is signed by both myself and the director. I hereby certify that the information contained in this application and related documents are true, correct and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any misrepresentation of falsification, my application will be rejected, or if discovered subsequent to hiring, will be grounds for termination. I authorize AZMasquerade to make all necessary and appropriate investigations to verify the information contained herein.

Signature _____ **Date** _____