

Arizona State Personnel Division  
1831 West Jefferson  
Phoenix, AZ 85007

# APPLICATION FOR EMPLOYMENT

COMPLETION OF THIS FORM IN NO WAY CONSTITUTES AN OFFER OF EMPLOYMENT. THE INFORMATION REQUESTED IS REQUIRED TO PROVIDE US WITH INFORMATION NECESSARY TO CONSIDER YOU FOR ANY CURRENT OR FUTURE JOB OPENINGS FOR WHICH YOU MAY QUALIFY.

**Please print all requested information.**

Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_  
FIRST M.I. LAST

Have you ever been convicted of: Yes No

A felony?	<input type="checkbox"/>	<input type="checkbox"/>	If yes to either question, explain below the nature of the offense, date, and location. Convictions are evaluated in relation to the applied for position.
A misdemeanor involving moral turpitude?	<input type="checkbox"/>	<input type="checkbox"/>	

Explain:

Yes No

Yes No

Are you a US citizen?	<input type="checkbox"/>	<input type="checkbox"/>	If no, are you eligible to be employed under a visa or entry permit?	<input type="checkbox"/>	<input type="checkbox"/>
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Use the space below to list job related licenses, registrations, certificates, with their numbers and expiration dates. Provide additional comments or information that would be of assistance in considering you for this position.

### Education & Training (List most recent first)

College, Universities, Trade or Business Schools	City, State (List campus attended)	Dates Attended Mo/Yr to Mo/Yr	Degree/Diploma and date received	Sem Hrs Earned	Qtr Hrs Earned	Major Area of Study

**FORMER EMPLOYERS: List your last five employers, most recent first. Account for all time employed, unemployed**

DATES WORKED:	FROM:	TO:
EMPLOYER	SALARY	OTHER
Company Name	Starting	Position
Address (No, Street, Apt. No.)	Per (week, month, year)	Supervisor's Name
City, State, ZIP	Ending	Reason for Leaving
Phone No.	Per (week, month, year)	Duties

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<b>EMPLOYER</b>	<b>SALARY</b>	<b>OTHER</b>
Company Name	Starting	Position
Address ( <i>No, Street, Apt. No.</i> )	Per (week, month, year)	Supervisor's Name
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If presently employed, may we contact your employer? Yes  No

#### STATEMENT OF CERTIFICATION.

By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct and complete to the best of my knowledge and belief. I also acknowledge that should investigation at any time disclose any misrepresentation or falsification, my application may be rejected, my name may be removed from further consideration, and I may be disqualified from future examinations and/or terminated from employment. I also authorize the hiring agent to make all necessary and appropriate investigations allowable by law to verify the information provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_