

Application for Employment



PLEASE PRINT

Applicant Information

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of Application ____/____/____

Date Available to start work ____/____/____ Employment desired : Full-Time Part-Time Temporary

Name _____ Social Security # last four xxx-xx-_____

Last First MI

Address _____

Street City State Zip

Telephone # () Mobile/Cell # () Email: _____

Please check the appropriate column:

| Yes | No | |
|-----|----|---|
| | | I was referred by a NorthStar employee (name): |
| | | I have read and understand the description of the job for which I am applying and am able to perform all duties. |
| | | If I am under 18, and it is required, I can furnish a work permit. |
| | | I have been employed by NorthStar before. |
| | | I am legally eligible for employment in this country. |
| | | I am able to meet the attendance requirements of the position. |
| | | I have been convicted of a felony crime in the last seven (7) years <i>If yes, please explain</i> |
| | | <small>Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.</small> |
| | | I understand that there is pre-employment drug screening & random screenings continue once employed. |
| | | I have a valid Arizona driver's license. |
| | | I have a reliable vehicle. |
| | | I am able and willing to work weekends. |

Employment History

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

| FROM | TO | EMPLOYER | TELEPHONE |
|--------------------|---|----------|-----------|
| JOB TITLE | # UNITS | ADDRESS | |
| SUPERVISOR & TITLE | SUMMARIZE THE NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES | | |
| REASON FOR LEAVING | HOURLY RATE/SALARY | START | FINAL |
| FROM | TO | EMPLOYER | TELEPHONE |
| JOB TITLE | # UNITS | ADDRESS | |
| SUPERVISOR & TITLE | SUMMARIZE THE NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES | | |
| REASON FOR LEAVING | HOURLY RATE/SALARY | START | FINAL |



| | | | |
|--------------------|---|----------|-----------|
| FROM | TO | EMPLOYER | TELEPHONE |
| JOB TITLE | # UNITS | ADDRESS | |
| SUPERVISOR & TITLE | SUMMARIZE THE NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES | | |
| REASON FOR LEAVING | HOURLY RATE/SALARY | START | FINAL |
| FROM | TO | EMPLOYER | TELEPHONE |
| JOB TITLE | # UNITS | ADDRESS | |
| SUPERVISOR & TITLE | SUMMARIZE THE NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES | | |
| REASON FOR LEAVING | HOURLY RATE/SALARY | START | FINAL |

Skills and qualification

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Education Background IF JOB RELATED

| NAME & LOCATION | YEARS COMPLETED | DID YOU GRADUATE | COURSE OF STUDY |
|-----------------|-----------------|------------------|-----------------|
| HIGH SCHOOL | | | |
| COLLEGE | | MAJOR | DEGREE |
| OTHER | | | |

References

| NAME | TELEPHONE | YEARS KNOWN |
|------|-----------|-------------|
| | | |
| | | |
| | | |

In case of an emergency, please contact _____

| NAME | PHONE # | RELATION |
|------|---------|----------|
| | | |

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATION FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS, AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE PRIOR TO NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE PRIOR TO NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FROM EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATION OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____