

Azi and Associates, Inc.

Employment Agency

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer: It is the policy and practice of the company to abide by all anti-discrimination law provided by federal, state, and local statutes. All applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, veteran status or the presence of a non-job related medical condition or handicap. In order for your application to be properly evaluated, it is essential that all of the following questions be answered carefully and completely. If you need more space for your answers, please attach a separate sheet or a copy of your resume. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

PERSONAL INFORMATION (Please Print Clearly above line unless otherwise indicated)

FIRST NAME MIDDLE LAST SOCIAL SECURITY NUMBER

PRESENT ADDRESS IN FULL CITY STATE ZIP TELEPHONE

PERMANENT ADDRESS (IF DIFFERENT) CITY STATE ZIP TELEPHONE

BUSINESS PHONE: CELL PHONE: OTHER

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YOUR VISA TYPE IF AVAILABLE VISA # AND EXPIRATION DATE

Position Desired: Full time Part time Per Diem

Preferred Shifts Weekdays: 7AM – 3PM 3PM – 11PM 11PM – 7AM Weekdays: 7AM – 3PM 3PM – 11PM 11PM – 7AM

Salary Expected: License No: If hired, When will you be available? Date:

How did you hear about Azi and Associates, Inc?

Do you have a valid drivers License? Yes No LICENSE NUMBER: STATE: EXPIRATION DATE:

Are you a U.S. Citizen or an alien authorized to work in the United States? Yes No

Can you work overtime? Yes No

If you are under 18, do you have a work permit? Yes No

Have you ever been convicted of felony Yes No

Are there any days or hours you would be unavailable or unable to work? Yes (specify) No

Have you ever worked for Azi and Associates, Inc.? Yes (Location) No

HAVE YOU EVER BEEN CONVICTED OF OR SENTENCED FOR ANY VIOLATION OF THE LAW? Yes No

IF YES, GIVE FULL PARTICULARS. (THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT):

ARE YOU WILLING TO RELOCATE? Yes No

ARE ANY RELATIVES, INCLUDING IN-LAWS, EMPLOYED AT THE COMPANY? Yes No

IF YES, GIVE NAME, RELATIONSHIP, POSITION AND LOCATION:

HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT AT THE COMPANY? Yes No

IF YES, WHEN? (MO.) (YR.)

EDUCATION:

LAST HIGH SCHOOL ATTENDED/complete address

ATTENDED FROM ____/____/____ TO ____/____/____

GRADUATED? Yes No

COLLEGE OR UNIVERSITY/complete address

ATTENDED FROM ____/____/____ TO ____/____/____

GRADUATED? Yes No

MAJOR _____

DEGREE RECEIVED _____

OTHER (Technical, Vocation, Graduate, etc. complete address)

ATTENDED FROM ____/____/____ TO ____/____/____

GRADUATED? Yes No

MAJOR _____

DEGREE RECEIVED _____

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS: _____

IN WHAT LANGUAGES OTHER THAN ENGLISH CAN YOU CONVERSE? _____ Fluent? Yes No _____ Fluent? Yes No

EMPLOYMENT HISTORY:

IMPORTANT! STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT.

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY TELEPHONE SALARY - EMPLOYED - BEGIN/END FROM/TO

STREET ADDRESS CITY STATE ZIP CODE

NAME & TITLE OF SUPERVISOR

TITLE OF YOUR POSITION DEPARTMENT

DUTIES

REASON FOR LEAVING

PREVIOUS EMPLOYER

FULL NAME OF COMPANY TELEPHONE SALARY - EMPLOYED - BEGIN/END FROM/TO

STREET ADDRESS CITY STATE ZIP CODE

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STREET ADDRESS CITY STATE ZIP CODE

NAME & TITLE OF SUPERVISOR

TITLE OF YOUR POSITION DEPARTMENT

DUTIES

REASON FOR LEAVING

HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN, DISCHARGED? OR TERMINATED? Yes No
IF YES, PLEASE EXPLAIN:

Note: May we contact the employers listed above? Yes No If not, indicate which one(s) we can contact.
Minimum starting income expected: \$ _____

SKILLS

TYPING SPEED (WORDS/MINUTE) _____ WORD PROCESSING/OFFICE PROGRAMS USED _____

INDICATE EXPERIENCE IN YEARS AND MONTHS FOR EACH AREA:

ACCOUNTING _____ COMPUTER _____

LIST ANY OTHER SKILLS YOU THINK MAY BE OF VALUE TO THE COMPANY, SUCH AS PROGRAMMING, ETC.

1. _____

MILITARY SERVICE AND STATUS

HAVE YOU EVER SERVED IN THE ARMED FORCES? Yes No

IF YES, WHAT BRANCH OF THE SERVICE? _____ HIGHEST RANK ATTAINED: _____

LIST DUTIES IN THE SERVICE INCLUDING SPECIAL TRAINING: _____

REFERENCES (Do not include relatives)

NAME	ADDRESS	PHONE	OCCUPATION

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information, which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment. I understand, and acknowledge that any employment relationship that may result from this application will be of an "at-will" nature only, which means that I may resign at any time and for any reason and that the company may terminate my employment at any time and for any reason with or without cause. I also understand that no employee of the company has any authority whatsoever to make any promises or arrangements with me that change the "at-will" nature of any employment relationship that may result between myself and the company.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I UNDERSTAND that if I am employed, (a) this application and the Company's Terms of Employment and Policy and Procedures will govern the terms and conditions of my employment, as amended from time to time by the Company. (b) I am required to abide by all personnel policies, rules and regulations of the company if I am hired; (c) I authorize the investigation of all statements by the company and/or agents contained in this application, my resume, or made during any interview as may be necessary in arriving at any employment decision with respect to my application; (d) I consent to a pre-employment drug and CORI screen, and I acknowledge that if at anytime the company learns that these screen yields a positive result, the company may withdraw and revoke any offer of employment; and I certify that all answers and information given herein are true and complete to the best of my knowledge.

Signature _____ Date _____

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six month period.