



P.O. Box 33119
 Phoenix, AZ 85067-3119
 Fax (602) 234-1327
 www.aaa.com

Date: _____

APPLICATION FOR EMPLOYMENT

AAA Arizona is an equal opportunity employer committed to workforce diversity. We adhere to a policy of making employment decisions without regard to race, color, age, gender, religion, national origin, disability, veteran status, citizenship status, or any other protected characteristic as defined by federal and state law.

Please complete this application using ink or a typewriter. Please advise us if you need assistance/accommodation in completing the application or any stage of the employment process. AAA Arizona is proud to support a drug-free workplace. All applicants are subject to pre-employment drug testing and background check. Some positions may require a DOT physical examination. Complete an application for each position for which you wish to apply. Application must be fully completed and signed to be considered for employment.

PERSONAL

(PLEASE PRINT LEGIBLY)

Position Applied For			
Legal Name (Last)		(First)	(Middle)
Present Address	City	State	Zip Code
Home Telephone	Cell or Message Telephone	Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Availability:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Temp <input type="checkbox"/>
Shift preference:	Day <input type="checkbox"/>	Evening <input type="checkbox"/>	Midnight <input type="checkbox"/> Weekends <input type="checkbox"/>
Days/Hours you are available to work: _____			
Location interested in:	Phoenix <input type="checkbox"/>	Tucson <input type="checkbox"/>	Prescott <input type="checkbox"/> Mesa <input type="checkbox"/> Peoria <input type="checkbox"/> Scottsdale <input type="checkbox"/> Paradise Valley <input type="checkbox"/>
	Sun City West <input type="checkbox"/>	Chandler <input type="checkbox"/>	Other <input type="checkbox"/>
Are you available to work overtime as needed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

REFERRAL SOURCE AND GENERAL QUESTIONS

Do you have any relatives who work for AAA Arizona? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who and what department? _____
How were you informed of employment opportunities at AAA Arizona? Newspaper (Name) _____ Employee (Name) _____ Agency (Name) _____ Website (Name) _____ Other (Name) _____
To Applicant: Criminal convictions are not an automatic bar to employment. All circumstances will be considered in relation to specific job requirements. Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe the conditions and date. _____ _____ _____
Have you ever been a temporary worker or consultant at AAA Arizona? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where, when? _____
Have you been previously employed by AAA? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where, when? _____
For reference checking purposes, is there another name you are known by? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide _____
Are you able to perform the essential functions of the position as listed and described with or without a reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>
If hired, can you provide verification of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYMENT HISTORY

Please complete in detail starting with present or most recent employer. List your previous work record for the past 7 years including self-employment, part-time employment and military service information. Explain any gaps between employment periods. This section must be completed even if a resume is attached.

Present or Most Recent Employer:

Address:

Telephone Number:

Type of Business:

Type of Employment: Full-Time Part-Time Temp

Description of Duties:

Reason for Leaving:

May we contact your last employer for reference purposes? Yes No If no, please explain:

Your Job Title or Position:

Employment Dates:

From: _____ To: _____

Name and Title of Immediate Supervisor:

Beginning Salary: _____ Final Salary: _____

Employer Name:

Address:

Telephone Number:

Type of Business:

Type of Employment: Full-Time Part-Time Temp

Description of Duties:

Reason for Leaving:

Your Job Title or Position:

Employment Dates:

From: _____ To: _____

Name and Title of Immediate Supervisor:

Beginning Salary: _____ Final Salary: _____

Employer Name:

Address:

Telephone Number:

Type of Business:

Type of Employment: Full-Time Part-Time Temp

Description of Duties:

Reason for Leaving:

Your Job Title or Position:

Employment Dates:

From: _____ To: _____

Name and Title of Immediate Supervisor:

Beginning Salary: _____ Final Salary: _____

EDUCATION

High School / GED Name of School and Location: _____	Did you graduate or receive a Diploma? Yes <input type="checkbox"/> No <input type="checkbox"/> If you did not graduate, did you receive your GED? Yes <input type="checkbox"/> No <input type="checkbox"/>
College / University Name of School and Location: _____	Number of years completed? Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Degree received? Yes <input type="checkbox"/> No <input type="checkbox"/> Major / Minor _____
College / University Name of School and Location: _____	Number of years completed? Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Degree received? Yes <input type="checkbox"/> No <input type="checkbox"/> Major / Minor _____
Technical or Trade School Name of School and Location: _____	Course of Study Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Degree received? Yes <input type="checkbox"/> No <input type="checkbox"/> Major / Minor _____
Certifications, Affiliations, Professional Memberships, or Licenses relevant to this position: 	
If applying for a position requiring the use of a vehicle, please complete the following: Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State of Issue? _____ <i>Fleet driver positions require a DOT physical and MVD record background check.</i>	Type of license: <input type="checkbox"/> Operators <input type="checkbox"/> Chauffeur <input type="checkbox"/> CDL <input type="checkbox"/> Other _____

SKILLS - If applicable for position for which you are applying

<input type="checkbox"/> Data Entry (Explain experience) _____ _____
<input type="checkbox"/> Proficiency in languages other than English. If so, please indicate: (Spanish, etc.) _____ _____
<input type="checkbox"/> PC skills (indicate software used) _____ _____
<input type="checkbox"/> Graphics Software _____ _____
<input type="checkbox"/> Technical (languages, software, hardware, etc) _____ _____
<input type="checkbox"/> Administrative skills that apply to the needs of this position. If so, please indicate: _____ _____
<input type="checkbox"/> Specialty (D2000, Apollo, Sabre, Epicor, ACS, etc.) _____ _____

EMPLOYMENT HISTORY

Employer Name: _____	Your Job Title or Position: _____
Address: _____	Employment Dates: From: _____ To: _____
Telephone Number: _____	Name and Title of Immediate Supervisor: _____
Type of Business: _____	Beginning Salary: _____ Final Salary: _____
Type of Employment: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/>	Description of Duties: _____
Description of Duties: _____	Reason for Leaving: _____
Reason for Leaving: _____	

Employer Name: _____	Your Job Title or Position: _____
Address: _____	Employment Dates: From: _____ To: _____
Telephone Number: _____	Name and Title of Immediate Supervisor: _____
Type of Business: _____	Beginning Salary: _____ Final Salary: _____
Type of Employment: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/>	Description of Duties: _____
Description of Duties: _____	Reason for Leaving: _____
Reason for Leaving: _____	

Employer Name: _____	Your Job Title or Position: _____
Address: _____	Employment Dates: From: _____ To: _____
Telephone Number: _____	Name and Title of Immediate Supervisor: _____
Type of Business: _____	Beginning Salary: _____ Final Salary: _____
Type of Employment: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/>	Description of Duties: _____
Description of Duties: _____	Reason for Leaving: _____
Reason for Leaving: _____	

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify under penalty of law that the information provided in this application for employment is true, correct, and complete to the best of my knowledge.

I understand that this application shall not be construed as a contract of employment. Any omission, misstatement, or falsification in this application shall be considered sufficient cause for denial of employment or immediate termination of employment.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of AAA Arizona. I understand that any employment offered is for an indefinite duration and at will and that either AAA Arizona or I may terminate my employment at any time with or without cause.

I understand that during my employment, I may be asked to transfer to a different location within the Company.

In making this application for employment, I authorize AAA Arizona or their agent to investigate all statements and information contained in this application. Background checks include, but are not limited to, prior employment, education, professional licenses or designations, credit profiles, criminal convictions, and motor vehicle records.

I grant permission to all parties (past employers, governmental agencies, credit bureaus, educational institutions etc.) to release information they may have about me to AAA Arizona or their agent to complete the background check, including education and work history. I agree to hold them harmless with respect to any information they may give about me. My social security number is provided for background verification only.

Name of Applicant _____
(Please Print)

Social Security # _____

Signature of Applicant _____

Date _____