

Employment Application



Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status or any other characteristic protected under local state or federal law.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Personal Information			
<i>Please fill out applications completely. May not be considered for employment if application is not filled out correctly.</i>			
First Name	Last Name	Phone Number	Date:
Present Address		City	State Zip
Permanent Address		City	State Zip
Referred By:	If applying for driver position, do you hold a valid Arizona Drivers License: <input type="radio"/> Yes <input type="radio"/> No		

Employment Desired			
Position	Date you can start:	Salary Desired:	
Are you currently employed?	<input type="radio"/> Yes <input type="radio"/> No	If so may we inquire at your present/prior employer? <input type="radio"/> Yes <input type="radio"/> No	
Have you ever worked for Atistic Land Management before?	<input type="radio"/> Yes <input type="radio"/> No	If Yes, When?	
Are you legally authorized to work in th U.S.	<input type="radio"/> Yes <input type="radio"/> No		

Note: This employer complies with E-Verify, you will be required to furnish documentation to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documentation.

Education History				
Name of School	Location	Years Attended	Graduated	Subject

Former Employers				
Company Name & Address	Responsibilities	Phone & Contact Name	Salary	Start Date and End Date

Experience			

References			
Name	Telephone	Business	Years Known

Authorization: "I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds of dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature			Date:
Interviewed by:	Date:	Hired <input type="radio"/> Yes <input type="radio"/> No	
Dates:	Supervisor:	Pay Rate/Salary:	
Remarks:			