

Employment Application



(520) 327-4600

Instructions: Please complete both sides of this page. Print clearly. If you need help, please ask! All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness or deafness or physical handicap, or the presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to or during employment.

POSITION APPLIED FOR: _____ DATE _____

NAME _____

ADDRESS _____ ZIPCODE _____

HOME PHONE _____ OTHER PHONE _____

SOCIAL SECURITY NUMBER _____

AVAILABILITY What date can you start? _____

Are you able to work from 12:00 noon to 7pm Monday through Saturday? YES NO

Are you able to work from 7:00 am to 3:00 pm Monday through Saturday? YES NO

Are you able to work a combination of the shifts as described above? YES NO

What locations or area of town can you work in? If you can only work or strongly desire to work at one store or one part of town please indicate so.

Broadway/Kolb Harrison/22nd St Sabino Canyon/Tanque Verde

Speedway/Craycroft Swan/Sunrise Ajo Way/12th Ave

Oracle/Orange Grove Oracle/ Pusch View Ln Campbell/Glenn

SOUTH EAST NORTHWEST NORTH WEST CENTRAL

If the job requires, do you have the appropriate valid driver's license? YES NO

What characteristics do you have that would make you a **positive addition** to the team at Shaffer Dry Cleaning?

Include skills, training and experience.

SECURITY

Have you been convicted of a crime in the past seven years? If so, please describe below. (Conviction will not necessarily be a bar to employment.)

Incident	City/State	Charge

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if necessary.

Most recent employer Are you currently working for this employer? Yes NO
If yes may we contact? Yes NO

Company name _____ phone _____

City _____ State _____ Supervisor _____

Dates employed from _____ to _____ Job title _____

Duties _____

Wages _____ per hour. Reason for leaving _____

Second most recent employer

Company name _____ phone _____

City _____ State _____ Supervisor _____

Dates employed from _____ to _____ Job title _____

Duties _____

Wages _____ per hour. Reason for leaving _____

Third most recent employer

Company name _____ phone _____

City _____ State _____ Supervisor _____

Dates employed from _____ to _____ Job title _____

Duties _____

Wages _____ per hour. Reason for leaving _____

REFERENCES

Name _____ phone _____ years known _____

Name _____ phone _____ years known _____

EDUCATION

List all courses or degrees _____

CERTIFICATION and RELEASE

I understand that any false information, omissions or misrepresentations of facts called for in this application or during the interview, whether in this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, to verify this information.

Signature _____ date _____