

APPLICATION FOR EMPLOYMENT

Arizona
PRESIDENT -Kenneth Hrenko
Phone # 480-292-6550
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An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT , except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

(PLEASE PRINT)

Last Name			First Name			Middle Name					
Address		Number		Street		City		State		Zip Code	
Telephone Number(s)						Social Security Number (Voluntary)					

Positions(s) Applied For:	Date of Application:
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend Other _____	

General Information

Continued

Best time to contact you is:	____:____ AM/PM ____:____ AM/PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes No
Have you ever filed an application with us before? If Yes, please give a date:	Yes No Date:_____
Have you ever been employed with us before? If Yes, please give a date:	Yes No Date:_____
Do any of your friends or relatives, other than spouse, work here?	Yes No
Are you currently employed?	Yes No
May we contact your present employer?	Yes No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status Proof of citizenship or immigration status will be required upon employment	Yes No
Are you available to work: Full Time (please indicate 1 2 3 shift) Part-Time (please indicate Mornings Afternoon Evenings) Temporary (please indicate dates available ___/___/___ - ___/___/___)	
Are you currently on "lay-off" status and subject to recall?	Yes No
Can you travel if a job requires it? Yes ___ No ___ If yes, how much:	25% __ 50% __ 75%__
Have you ever been convicted of a Crime or Violation other than a Minor Traffic Infraction?	Yes No
(A CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. FACTORS SUCH AS JOB RELATION, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT) If yes, give details: _____ _____ _____	DATE OF THE OFFENSE, _____
If employed, do you expect to be engaged in an additional business or employment outside of our company?	Yes No
When could you start work?	Date:_____
For Driving Jobs Only	
Do you have a valid Drivers License?	Yes No License #_____
What is your Class of License?	_____
What state is your license from?	_____
Have you had your license suspended or revoked in the last 3 years? Yes No If yes, give details:_____	_____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed From To		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary Starting Final		
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed From To		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary Starting Final		
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed From To		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary Starting Final		
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed From To		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary Starting Final		
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and office held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check Skills/Equipment Operated)

		Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet		
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand		
WPM ____	WPM ____		

State any information you know about Laron.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

Yes No

References (not relatives or former employers)

1. _____ (Name) _____ (Phone #)

(Address)

2. _____ (Name) _____ (Phone #)

(Address)

3. _____ (Name) _____ (Phone #)

(Address)

Applicant's Statement

AFFADAVIT, CONSENT AND RELEASE
(Please read each statement carefully before signing)

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I Understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements:

(Signature of Applicant)

(Date)

This application for employment will remain active for a limited time.
Ask the organizations representative for details.

Applicant Self ID

Voluntary Self-Identification

(Gender, Ethnicity and Race Self-Identification)

Please read all instructions carefully before completing this form.

Laron is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Laron invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not affect the decision regarding your application for employment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

If you choose not to self-identify at this time, the federal government allows this employer to determine the information asked below by visual survey.

(PLEASE PRINT)

Name: _____ Date: _____
Last First Middle

Position applied for:(list only one) _____

Please answer the following questions in sections 1 and 2

Section 1:

What is your gender?(Check only ONE box)

Male Female

Section 2:

What is your race or ethnicity?(Check only ONE box)

Hispanic or Latino: A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White (not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

American Indian or Alaskan Native (not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native Hawaiian or Pacific Islander (not Hispanic or Latino): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Two or More Races (one of which is not Hispanic or Latino): All persons who identify with more than one of the above five races listed as not Hispanic or Latino.

