

**APPLICATION FOR EMPLOYMENT**

DATE \_\_\_\_\_

POSITION APPLYING FOR \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

RATE OF PAY EXPECTED \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

**PERSONAL INFORMATION**

NAME \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS \_\_\_\_\_  
Street City State Zip

MAILING ADDRESS \_\_\_\_\_  
Street City State Zip

PHONE NUMBER ( ) \_\_\_\_\_ MESSAGE NUMBER ( ) \_\_\_\_\_

IF NATIVE AMERICAN, TRIBE AFFILIATION \_\_\_\_\_ TRIBAL ENROLLMENT # \_\_\_\_\_

ARE YOU 18 YEARS OR OLDER? Yes  No  E-MAIL ADDRESS \_\_\_\_\_

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE US? Yes  No

DO YOU HAVE A VALID AZ DRIVER'S LICENSE? Yes  No  Please specify \_\_\_\_\_  
License No. Type Exp. Date

HAVE YOU EVER BEEN EMPLOYED BY SRPMIC, ITS SUBSIDIARIES OR ITS PRIVATE ENTERPRISES? Yes  No

If Yes, When \_\_\_\_\_ Where \_\_\_\_\_  
Start Date End Date Department

LIST ANY RELATIVES EMPLOYED BY SADDLEBACK \_\_\_\_\_

**EDUCATION (Please Do Not Use "See Resume")**

| SCHOOL LEVEL           | NAME & LOCATION OF SCHOOL | GRADUATED  | CERTIFICATE/ DIPLOMA | MAJOR/ DEGREE | # OF YEARS ATTENDED |
|------------------------|---------------------------|--|----------------------|---------------|---------------------|
| HIGH SCHOOL/ GED       |                           | Yes <input type="checkbox"/> No <input type="checkbox"/> |                      |               |                     |
| COLLEGE                |                           | Yes <input type="checkbox"/> No <input type="checkbox"/> |                      |               |                     |
| TRADE/ BUSINESS SCHOOL |                           | Yes <input type="checkbox"/> No <input type="checkbox"/> |                      |               |                     |
| GRADUATE SCHOOL        |                           | Yes <input type="checkbox"/> No <input type="checkbox"/> |                      |               |                     |

NAME

JOB APPLIED FOR

EMPLOYMENT DATE



**EMPLOYMENT HISTORY: Start With The Most Recent Job And Work Back**

**ARE YOU EMPLOYED NOW?** Yes  No  **If Yes, may we contact your employer?** Yes  No

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

EMPLOYER \_\_\_\_\_  
Name Street City State Zip

HIRE DATE \_\_\_\_\_ SEPARATION DATE \_\_\_\_\_

Telephone Number \_\_\_\_\_ Number of employees supervised \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Describe Duties Performed \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

EMPLOYER \_\_\_\_\_  
Name Street City State Zip

HIRE DATE \_\_\_\_\_ SEPARATION DATE \_\_\_\_\_

Telephone Number \_\_\_\_\_ Number of employees supervised \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Describe Duties Performed \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

EMPLOYER \_\_\_\_\_  
Name Street City State Zip

HIRE DATE \_\_\_\_\_ SEPARATION DATE \_\_\_\_\_

Telephone Number \_\_\_\_\_ Number of employees supervised \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Describe Duties Performed \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

EMPLOYER \_\_\_\_\_  
Name Street City State Zip

HIRE DATE \_\_\_\_\_ SEPARATION DATE \_\_\_\_\_

Telephone Number \_\_\_\_\_ Number of employees supervised \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Describe Duties Performed \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**REFERENCES: List three persons not related to you, whom you have known at least three years**

| NAME | ADDRESS | PHONE NO. | OCCUPATION | YEARS KNOWN |
|------|---------|-----------|------------|-------------|
|      |         |           |            |             |
|      |         |           |            |             |
|      |         |           |            |             |

HOW DID YOU HEAR ABOUT THE JOB VACANCY?     Employment Agency     Newspaper Ad     Tribal Employee  
 State Employment Office     College Placement Service     Walked In     Friend     Job Hotline     Web Site     Other \_\_\_\_\_

**ATTACHMENTS REQUIRED**

DOCUMENTS TO BE ATTACHED. NOT ALL DOCUMENTS APPLY TO ALL POSITIONS. PLEASE NOTE THE NECESSARY DOCUMENTS LISTED IN THE POSITION ANNOUNCEMENT.

1. CERTIFICATIONS *(Any Educational Degrees, Diplomas, Transcripts, Training Certificates, Etc.)*
2. MILITARY I.D. CARD *(If Applicable)*
3. COPY OF DRIVER'S LICENSE AND DRIVING RECORD *(Available through State Department of Transportation, Motor Vehicle Division)*
4. ANY OTHER DOCUMENTATION AS SPECIFICALLY REQUIRED BY JOB RECRUITMENT BULLETIN

**CERTIFICATION AND AGREEMENT (Read Carefully before signing)**

I UNDERSTAND AND AGREE THAT:

1. Any misrepresentation or omission of facts in my application or any attachments to my application will result in refusal of employment or if employed, termination from employment.
2. It is my understanding that Saddleback Communications will make a thorough investigation of my work, educational and personal history and may verify all data given in my application, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Saddleback Communications, and I release from liability any person giving or receiving any such information. I understand that falsification will result in refusal of employment or, if employed, termination from employment.
3. I understand and agree that I will be required to take a pre-employment drug test at Saddleback Communications expense, in addition to random or for cause testing, during my employment to determine if I am alcohol or drug free for the job I am responsible to perform. Failure to submit to such testing will result in termination.
4. I authorize any physician, including my personal physician, to release any information to Saddleback Communications, which may be necessary to determine my ability to perform my assigned duties.
5. I AGREE TO CONFORM TO ALL APPLICABLE RULES, REGULATIONS, POLICIES, AND/OR DISCIPLINARY PROCEDURES OF SADDLEBACK AND/OR ANY DEPARTMENT THEREOF. I UNDERSTAND THAT THOSE RULES, REGULATIONS, POLICIES AND/OR DISCIPLINARY PROCEDURES ARE NOT INTENDED BY SADDLEBACK COMMUNICATIONS TO CREATE AN OBLIGATION OF CONTINUED EMPLOYMENT.
6. I UNDERSTAND THAT THIS DOCUMENT IS AN APPLICATION FOR EMPLOYMENT AND CONTINUED EMPLOYMENT IS NOT BEING OFFERED. I HEREBY UNDERSTAND AND AGREE THAT MY EMPLOYMENT, BOTH DURING AND AFTER PROBATIONARY PERIOD, IS FOR AN INDEFINITE PERIOD, AND THAT NOTHING IN THIS APPLICATION OR ANY OTHER SADDLEBACK COMMUNICATIONS DOCUMENT SHALL BE DEEMED TO CREATE ANY CONTRACT OF CONTINUED EMPLOYMENT BETWEEN ME AND SADDLEBACK COMMUNICATIONS. I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME PURSUANT TO THE SADDLEBACK COMMUNICATIONS POLICIES AND PROCEDURES. I UNDERSTAND THAT EMPLOYMENT BEYOND ANY PROBATIONARY PERIOD OR EMPLOYMENT FOR A NUMBER OF YEARS SHALL NOT RESULT IN MY HEIGHTENED EXPECTATION OF CONTINUED EMPLOYMENT. I UNDERSTAND AND AGREE THAT ANY STATEMENTS TO THE CONTRARY, WHETHER ORAL OR WRITTEN, ARE EXPRESSLY DISAVOWED AND ARE NOT TO BE RELIED UPON BY ME.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date