

Indicate languages that you speak, read and write and the fluency in the language(s) listed:

LANGUAGE	Speak: Fluent	Good	Fair
	Read: Fluent	Good	Fair
	Write: Fluent	Good	Fair
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	Read: Fluent	Good	Fair
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Give the names, addresses and telephone numbers of three references who are not related to you, who are not previous employers, and who have known you for at least one year.

- NAME ADDRESS PHONE NUMBER
- NAME ADDRESS PHONE NUMBER
- NAME ADDRESS PHONE NUMBER

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Disabilities:

Government contractors are subject to 38 USC 2012 of the Vietnam Era Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

SIGNATURE DATE

Please list any other information you feel may be helpful in considering your application.

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EMPLOYMENT EXPERIENCE: Please account for all time, including periods of unemployment and reasons unemployed, for the past five (5) years.

1. Employer: _____ Phone Number: _____
Address: _____ Supervisor: _____
Reason for Leaving: _____ Job Title: _____
Starting Pay: _____ Ending Pay: _____
Date Employment Started: _____ Date Employment Ended: _____
Duties Performed: _____

2. Employer: _____ Phone Number: _____
Address: _____ Supervisor: _____
Reason for Leaving: _____ Job Title: _____
Starting Pay: _____ Ending Pay: _____
Date Employment Started: _____ Date Employment Ended: _____
Duties Performed: _____

3. Employer: _____ Phone Number: _____
Address: _____ Supervisor: _____
Reason for Leaving: _____ Job Title: _____
Starting Pay: _____ Ending Pay: _____
Date Employment Started: _____ Date Employment Ended: _____
Duties Performed: _____

4. Employer: _____ Phone Number: _____
Address: _____ Supervisor: _____
Reason for Leaving: _____ Job Title: _____
Starting Pay: _____ Ending Pay: _____
Date Employment Started: _____ Date Employment Ended: _____
Duties Performed: _____

5. Employer: _____ Phone Number: _____
Address: _____ Supervisor: _____
Reason for Leaving: _____ Job Title: _____
Starting Pay: _____ Ending Pay: _____
Date Employment Started: _____ Date Employment Ended: _____
Duties Performed: _____

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Applicant Questionnaire:

Please answer the following questions thoroughly.

1. Are you related to any Saguaro Foundation employee past or present? Yes No
2. Are you 18 years of age or older? Yes No
3. Have you filed an application here before? Yes No
4. Have you ever been employed here before? Yes No
5. Are you employed now? Yes No
6. Do you have legal authorization to work in the U.S.?
(Proof of legal authorization will be required upon employment) Yes No
7. On what date are you available for work? _____
8. Are you available to work: Full Time Part Time
 Weekends Graveyards
9. Are you on a lay-off and subject to recall? Yes No
10. Can you travel if a job requires it? Yes No
11. What other scheduling obligations do you have? _____

12. How do you feel about working weekends, holidays, and overnight shifts? _____

13. Would you be able to report for a shift and work with little or no prior notice? _____

14. Do you have a valid Arizona Driver License? _____
15. In order to be covered under Saguaro's vehicle insurance policy, you must be at least 23 years of age with no more than ONE MINOR ticket. Do you meet this requirement? _____
16. As an on-call employee, you would be contacted by supervisory personnel frequently. Do you have a method of contact (besides a message phone) that would ensure prompt communication between you and supervisory personnel? _____
17. Attached is the Residential Aide Position Description. Please review it carefully. Can you perform the duties described on the Position Description as required? _____

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APPLICANT'S STATEMENT: I certify that answers provided herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment. I understand this application is not and is not intended to be a promise or contract for employment. In the event of employment, I understand that false or misleading information I provide in this application for employment may result in discharge. I further understand that in the event of employment, employment will be at will. Both employer and employee will have the mutual right to terminate employment with or without notice, with or without cause.

SIGNATURE OF APPLICANT

DATE