

APPLICATION FOR EMPLOYMENT

DATE _____

POSITION APPLYING FOR _____ DEPARTMENT _____

RATE OF PAY EXPECTED _____ DATE YOU CAN START _____

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____
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

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL TRAINING OR SKILLS (To include GED, civilian schools, military academies, etc. - complete with dates. Include typing speed, knowledge of computers and software, etc. - please list.) _____

WHAT LANGUAGES OTHER THAN ENGLISH ARE YOU FLUENT IN _____

_____ Speaking _____ Reading _____ Writing

OTHER

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

HAVE YOU EVER BEEN CONVICTED OF ANY TYPE OF THEFT OR FRAUD? YES NO

If Yes, identify the crime for which you were convicted, the dates of the conviction and the location of the court in which you were convicted. Please provide any details you feel are relevant. Conviction of a crime will not automatically disqualify you from consideration for employment, but will be considered as part of an overall evaluation of your qualifications. However, failure to list any convictions may be considered as falsifying your application.

MILITARY SERVICE RECORD

HAVE YOU EVER SERVED IN THE US ARMED FORCES? Yes No

Date Entered _____ Date Separated _____

Branch of Service _____ Serial Number _____

Selective Service Number _____ Selective Service Class _____

DID YOU RECEIVE AN HONORABLE DISCHARGE? Yes No

If No, please explain the circumstances _____

ARE YOU A MEMBER OF A US RESERVE OR NATIONAL GUARD? Yes No

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 _____

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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