

**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

**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

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

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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