## APPLICATION FOR EMPLOYMENT

We appreciate your interest in working at the Biomedical Research and Education Foundation of Southern Arizona (BREFSA). As an equal opportunity employer, our employment practices are in accordance with the laws, which prohibit discrimination against qualified individuals on the basis of race, religion, gender, age, disability, national origin, veteran's status or any other protected status.

This application form was designed for use by persons applying for various types of positions professional, technical, clerical, and administrative. Please answer only the questions that apply. All information will be treated confidentially.

## PLEASE TYPE OR PRINT. Social Security No: \_\_\_\_\_\_ First Middle Initial Last Address: Apartment Number: City, State, Zip Code: Telephone: Emergency Contact: Telephone: \_\_\_\_\_\_ Relationship:\_\_\_\_\_ Salary desired: Position for which you are applying: Are you seeking: Full-Time Part-Time Temporary employment Date available: Are you 18 years of age or older? \(\begin{align\*} \text{YES} \\ \text{NO} \end{align\*} If hired, can you provide proof that you are eligible to work in the United States? NO Have you ever applied here before? YES NO If yes, when?\_\_\_\_\_ Were you ever employed here? YES NO If yes, when? LIST NAME AND ADDRESS OF SCHOOLS High School or GED: Number of Years Completed: Diploma/Degree/Certificate: Subjects Studied: College or University: Number of Years Completed: Diploma/Degree/Certificate: Subjects Studied:

## LIST NAME AND ADDRESS OF SCHOOLS (Continued) Vocational or Technical: Number of Years Completed: Diploma/Degree/Certificate: Subjects Studied: What skills or additional training do you have that are related to the job for which you are applying? Employment History: List names of employers in consecutive order with present or last employer listed first. PLEASE GIVE MONTH AND YEAR. Name of Employer: \_\_ Address: City, State, Zip Code: Supervisor: Telephone: \_\_\_\_\_ Job Title& Duties: Date of Employment: FROM: TO: Pay Start \$ Final \$: Reason for leaving: **Employment History:** Name of Employer: City, State, Zip Code: Supervisor: Supervisor: Telephone: Job Title& Duties: Date of Employment: FROM: \_\_\_\_\_ TO: \_\_\_\_ Pay Start \$\_\_\_\_ Final \$: \_\_\_\_\_ Reason for leaving: REFERENCES: list three (3) individuals who are not related to you and are not supervisors you listed under "Employment History" who know your qualifications and fitness for the kind of job which you are applying for. At least (1) should know you well on a personal basis. 1. Full Name of Reference: \_\_\_\_\_ Telephone ( Including area code): \_\_\_\_\_ Present Business or Home Address (Number, Street, City, State, and Zip Code:) 2. Full Name of Reference: Telephone (Including area code): Present Business or Home Address (Number, Street, City, State, and Zip Code:) 3. Full Name of Reference: Telephone (Including area code):

Present Business or Home Address (Number, Street, City, State, and Zip Code:)

BACKGROUND INFORMATION
1. Are you eligible to work in the United States?  YES _NO
2. During the last 10 years, were you fired from any job for any reason, did you quit after being told that you would be fired, or did
you leave by mutual agreement because of specific problems?  YES _NO
3. Have you ever been convicted of, or forfeited collateral for any felony violation? \(\begin{align*} \Pi \) YES \(\begin{align*} \Pi \) NO
4. Have you ever been convicted of, or forfeited collateral for any firearms or explosive violation? \(\bigcap_\text{YES}\) NO
5. Are you now under charges for any violation of law?  NO
SIGNATURE, CERTIFICATION AND RELEASE OF INFORMATION YOU MUST SIGN THIS APPLICATION - Read the following carefully before you sign.
1. A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work.
2. 1 consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies individuals, and organizations.
3. I certify that, to the best of my knowledge and belief, all my statements are true, correct, complete, and made in good faith.
4. I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY THE COMPANY, EMPLOYMENT IS ON AT-WILL BASIS. THIS MEANS THE COMPANY IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE IN ACCORDANCE WITH STATE LWW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR AN SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH THE COMPANY AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY AND ME. I AGREE TO CONFORM TO THE RULES AND REGULATION OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THA IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.
Signature of Employee Date
Typed/Printed Name