

EMPLOYMENT

Please give accurate, complete full-time and part time employment record. Start with your present or most recent employer.

1	Company Name	Telephone
	Address	Employed (State month and year) From To
	First and Last Name of Supervisor	Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving May We Contact This Employer? _____ If No, Reason

2	Company Name	Telephone
	Address	Employed (State month and year) From To
	First and Last Name of Supervisor	Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving May We Contact This Employer? _____ If No, Reason

3	Company Name	Telephone
	Address	Employed (State month and year) From To
	First and Last Name of Supervisor	Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving May We Contact This Employer? _____ If No, Reason

4	Company Name	Telephone
	Address	Employed (State month and year) From To
	First and Last Name of Supervisor	Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving May We Contact This Employer? _____ If No, Reason

The information requested below is needed for a legally permissible reason. UCP of Central Arizona does not discriminate in its employment practices of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, or veteran status.

Are you over 18 years of age? _____

Have you ever been bonded? _____

Have you ever been convicted of a crime? _____

If yes, give details: _____

Does anything restrict your ability to perform all the functions of the job you are applying for?

Yes No If yes, please explain: _____

Do you have reliable transportation? _____

For those whose job responsibility involves driving a company vehicle, it will be your responsibility to provide us with your current motor vehicle report which will be submitted to our insurance company to verify your insurability. You can access your motor vehicle report (MVR) online by using the following site: www.servicearizona.com. Choose "Motor Vehicle Record"; then choose "Driver License Motor Vehicle Record - 39 Month Uncertified". The cost for this report is \$3.00.

REFERENCES

Full Name	Complete Address	Phone Number	Occupation	Yrs. Known

- I understand that, dependent upon job assignments, Agency employees are fingerprinted and need to be cleared by DES Office of Investigation.
- If accepted, I agree to be governed and abide by all Agency rules and regulations.
- I authorize inquiry with regard to my character, ability, and habits of any and all persons, and agree to hold such persons harmless with respect to any information that they may give.
- I certify that all answers to the questions on this application are true and I understand that any misstatement or omission of material facts may disqualify me or be cause for dismissal.
- I understand that any employment offered is for an indefinite duration, at will, and that either I or UCP of Central Arizona may terminate my employment at any time with or without notice or cause.

SIGNATURE: _____ DATE: _____