



LONE BUTTE

INDUSTRIAL DEVELOPMENT CORPORATION

APPLICATION FOR EMPLOYMENT

NAME _____ PHONE _____ SECONDARY PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE _____ GILA RIVER MEMBER _____ YES _____ NO DISTRICT _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ VALID AZ DRIVER'S LICENSE NO. _____

ARE YOU RELATED TO ANYONE CURRENTLY IN OUR EMPLOYMENT? IF SO, PLEASE STATE NAME AND RELATIONSHIP _____

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	DEGREE
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS				

SUBJECT OF SPECIAL STUDY, PROFESSIONAL LICENSES, CERTIFICATIONS AND REGISTRATIONS: _____

MILITARY RECORD

MILITARY STATUS _____ BRANCH OF SERVICE _____

LIST ANY SPECIAL TRAINING RECEIVED IN THE ARMED FORCES _____

TYPE OF DISCHARGE _____ ARE YOU IN THE RESERVES OR NATIONAL GUARD? _____

EMPLOYMENT RECORD

DATES EMPLOYED	EMPLOYER NAME	JOB TITLE	ADDRESS	PHONE NO.	SUPERVISOR NAME
FROM					
TO					
Duties and Responsibilities, indicating any machinery or computer software used:					
Reason for Leaving:					
May we contact this employer? Yes: No:					
DATES EMPLOYED	EMPLOYER NAME	JOB TITLE	ADDRESS	PHONE NO.	SUPERVISOR NAME
FROM					
TO					
Duties and Responsibilities, indicating any machinery or computer software used:					
Reason for Leaving:					
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FROM					
TO					
Duties and Responsibilities, indicating any machinery or computer software used:					
Reason for Leaving:					
May we contact this employer? Yes: No:					

EMPLOYMENT DESIRED

POSITION DESIRED _____ DATE YOU CAN START _____

SALARY DESIRED _____ WILL YOU ACCEPT TEMPORARY EMPLOYMENT? _____

WILL YOU ACCEPT PART-TIME EMPLOYMENT? _____ SHIFT WORK? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO – IF YES, STATE OFFICES, DATE OF OFFENCE AND EXPLAIN, _____

REFERENCES

List at least three people who have known you for over one year excluding relatives

Name	ADDRESS CITY, STATE, ZIP	PHONE NUMBER	OCCUPATION	YEARS KNOWN

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME _____ RELATIONSHIP _____

ADDRESS _____

HOME PHONE _____ SECONDARY PHONE _____

- I Authorize Investigation of all statements contained in this application. I certify that the information contained on this application is true, correct, and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for is a case for dismissal of my application.
- I understand that if this position requires driving in the course of work, I will be required to possess a current and valid driver's license & proof of insurance along with a copy of my driving record for the past 39 months.
- I acknowledge and understand that I will be subject to a pre-employment screening test for the presence of controlled substances.
- Further, I understand and agree that my employment is subject to the personnel policies and procedures covering employment with the Lone Butte Development Corporation.

APPLICANT SIGNATURE

Please Attach Resume, if Available

DATE SUBMITTED

Please submit Application to: Lone Butte Development Corporation

1235 S. Akimel Lane

Chandler, AZ 85226

(520) 796-5632 PH/(520) 796-1032 FAX

ATTN: HUMAN RESOURCES DEPARTMENT