|  |  |
| --- | --- |
| **Arizona OIC****701 South Central Avenue****Phoenix, Arizona 85004** |  |
| It is our policy that there be no discrimination in employment based on race, age, sex, color, religion, handicap, or national origin |
| **PERSONAL INFORMATION** |
| **NAME** (*Last name, First name Middle Initial*) | **DATE OF BIRTH:**  | **POSITION APPLYING** |
|  |  |  |
| **ADDRESS** (*Number, Street, City, State Zip Code*) |
|  |
| **TELEPHONE** (*Home*) | **TELEPHONE** (*Mobile*) | **EMAIL ADDRESS** |
|  |  |  |
| **PLACE OF BIRTH** (*City, Country*) | **CITIZENSHIP** |
|  |  |
| **In case of accident, notify:** |
|   | **Name** | **Relationship** | **Contact Number** |
| Primary |  |  |  |
| Secondary |  |  |  |
| EDUCATION (m*ost recent*) |
| **Level** | **School Name** | **Period (Year)** | **Degree** |
| **From** | **To** |
|  |  |  |  |  |
|   |   |   |   |   |
|   |   |   |   |   |
| **WORK EXPERERIENCE (**l*ast 3 latest only***)** |
| **Company / Location** | **Date (Year)** | **Position** | **Reason for Leaving** |
| **From** | **To** |
|  |  |  |  |  |
|  |
|
|   |   |   |   |   |
|   |
|
|   |   |   |   |   |
|   |
|
| **MAJOR SKILLS** |
|  |  |  |
|   |   |   |
|  |  |  |  |  |  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

DO YOU HAVE ANY PHYSICAL OR MENTAL LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING SPECIFIC KINDS OF WORK? Yes\_\_\_\_\_ NO\_\_\_\_

If Yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNITED STATES MILITARY AFFILIATIONS

Branch of Service: \_\_\_\_\_\_\_\_\_\_ Dates of Service: \_\_\_\_\_ Military Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you belong to: Reserves: Yes \_\_\_\_ No\_\_\_\_

Arizona OIC is an Equal Employment Opportunity/Affirmative Action employer. As such, we are required by Federal/State legislation to provide equal employment opportunity for all applicants without regards to race, color, religion, national origin, sex, age, handicap, or status as a Vietnam Era Veteran or disabled veteran.

We will use this information for statistical purposes only. It will not appear in your applicant file or in your personnel file in the event you are employed. You can assist us greatly by completing the information below.

Sex: \_\_\_\_\_\_ Male/Female

**Race:**

\_\_\_\_ Black

\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_ White

 \_\_\_\_ Asian, Pacific Islander or Indian Sub-continent

 \_\_\_\_ Hispanic (includes person of Mexican, Puerto Rican, Cuban, Central or south American or other Spanish

 origin or culture regardless of Race)

 \_\_\_\_ Vietnam Veteran (If you have 30% or more rated disability)

\_\_\_\_ If you are over 40 but under 70, please check

\_\_\_\_ Handicapped (If you consider yourself handicapped, please check and explain

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_\_\_\_\_ (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |