



601 E Main Ave.
Casa Grande, AZ 85122
Fax: 520-421-8595
Email: payroll@arizonagrains.com

NOTICE: If you need assistance or accommodation in completing this application, please inform us. Such requests will not adversely affect your being considered for the position for which you are applying.

Employment, if offered, is contingent upon your providing proof of identity and employment eligibility and your completing a form I-9, as required by the Immigration Reform and Control Act of 1986.

INSTRUCTIONS: PLEASE PRINT ALL RESPONSES EXCEPT YOUR SIGNATURE. Please complete ALL items.

The information you provide will allow us to consider you for the position for which you have applied.

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

TODAY'S DATE _____, 20__

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Phone Number: (____) _____ Position Applying For: _____

Email Address: _____

Have you ever applied for or worked for Arizona Grain before? [] Y or [] N

If yes, please explain (include date if possible): _____

Do you have any friends, relatives, or acquaintances working for Arizona Grain [] Y or [] N

If yes, state name & relationship: _____

If hired, would you have transportation to/from work? [] Y or [] N

Are you over the age of 18? [] Y or [] N

Have you ever worked using another name? [] Y [] N If yes, please explain

DAYS AND HOURS AVAILABLE

Are you available to work: Full Time [] Part Time [] Either []

Are you available to work overtime? [] Y or [] N

Specify any days and/or hours NOT available: _____

If hired, on what date can you start working? ____ / ____ / ____

EDUCATION, TRAINING AND EXPERIENCE

High School:

School Name: _____
School Address: _____
School City, State, Zip: _____

College / University:

School Name: _____ Number of years completed: _____
School Address: _____ Did you graduate? [☐] Y or [☐] N
School City, State, Zip: _____ Degree / Diploma Earned: _____

Vocational School:

School Name: _____ Number of years completed: _____
School Address: _____ Did you graduate? [☐] Y or [☐] N
School City, State, Zip: _____ Degree / Diploma earned: _____

Military:

Branch: _____
Rank in Military: _____
Total Years of Service: _____
Skills/Duties: _____
Related Details: _____

Please list any experiences, skills, or qualifications you feel would aid us in evaluating your application:

Please identify any equipment/systems/ machines that you have used and are familiar with:

<u>Software Proficiency</u>	Beginner	Intermediate	Advanced	Comments
Microsoft Windows	_____	_____	_____	_____
Microsoft Word	_____	_____	_____	_____
Microsoft Excel	_____	_____	_____	_____
Microsoft Power Point	_____	_____	_____	_____
Microsoft Office	_____	_____	_____	_____
Microsoft Outlook	_____	_____	_____	_____

EMPLOYMENT HISTORY

DO NOT WRITE "SEE RESUME". If you have a resume, you may attach it **IN ADDITION TO** completing this section. In the spaces below account for all the time for the past 7 years, whether working or not. **START WITH YOUR MOST RECENT EXPERIENCE AND CONTINUE BACKWARDS.** Include military service and any periods of unemployment. Give complete names and addresses. If self-employed, give firm name. Attach additional sheets, if necessary, to cover the past 7 years. You should be prepared to detail each position for the past seven (7) years and account for any gaps in employment during that period.

Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Length of Employment (Include Dates): From: _____ To: _____
Salary/Hourly Rate of Pay: _____
Position & Duties: _____
Reason for Leaving: _____
If you are currently employed, may we contact your current employer? [] Y or [] N

Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Length of Employment (Include Dates): From: _____ To: _____
Salary/Hourly Rate of Pay: _____
Position & Duties: _____
Reason for Leaving: _____

Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Length of Employment (Include Dates): From: _____ To: _____
Salary/Hourly Rate of Pay: _____
Position & Duties: _____
Reason for Leaving: _____

CONTRACTUAL OR NO COMPETE OBLIGATIONS, if any. At this time, do you have any contractual obligation or other duty you may owe to former employers or other parties, including obligations not to compete, and/ or obligations not to disclose trade secrets or other business information?
[] Yes [] No

If "YES", Please explain

REFERENCES

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

First and Last Name: _____
Telephone Number: _____
Email Address: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

First and Last Name: _____
Telephone Number: _____
Email Address: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

First and Last Name: _____
Telephone Number: _____
Email Address: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

CRIMINAL HISTORY, if any

Have you been convicted of or pleaded guilty to, or pleaded no contest to a felony or misdemeanor in the past seven (7) years? Please note that a 'Yes' answer to this question does not necessarily disqualify an applicant from employment. Factors that will be taken into account include the nature of the conviction as it relates to the job applied for, the amount of time that has elapsed since the conviction and/or completion of sentence, and the seriousness of the offense. The company reserves the right to reject individuals for employment based on job-related convictions. ☐ Yes ☐ No

If you answered "Yes" please provide additional information such as the crime(s), date(s) court location, sentencing information, disposition of sentence and rehabilitation completed.

DATE OF OFFENSE	COUNTY AND STATE IN WHICH OFFENSE OCCURRED	CONVICTION/EXPLANATION	REHABILITATION COMPLETED

APPLICANT CERTIFICATION- PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information I have provided on this Employment Application is true and complete. I understand and agree that employment with this company, if offered, may be immediately discontinued if misrepresentation, falsified statements, or material omissions are found to have been made. I authorize schools, former employers, former supervisors and listed references to provide any and all information pertinent to my being considered for employment and hereby release those providing such information from any liability for doing so. I also understand that employment, if offered is contingent upon my providing additional information for employee record purposes and also upon my providing proof of identity and employment eligibility and completing a form I-9.

I also understand that, if employed, the company or I may terminate the employment relationship at any time, with or without cause, with or without notice, and without liability. I understand and agree that, if employed, employment does not constitute a contract of employment between the company and myself. I agree to abide by and conform to all company policies, rules, and procedures as may be in effect from time to time.

I have read the above, understand it's content and meaning, and agree to all of its provisions. I understand that, upon my request, I will be provided a copy of my signed Employment Application.

Signature: _____ Date: _____, 20_____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date _____ 20_____

Interviewed by: _____ Date _____ 20_____

Interviewed by: _____ Date _____ 20_____

If hired, start date _____ 20_____

Wage/Salary \$ _____ per [] hour [] weekly [] semi-monthly

Job Title _____

Notes/Comments:

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Arizona Grain Inc. (the Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows: *In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.

*A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

*By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer.

PLEASE PRINT INFORMATION CLEARLY

Of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to review such a copy under California law.

Signature

Date

Full Name (First/Middle/Last) (PLEASE PRINT CLEARLY)

Social Security Number (SSN)* (PLEASE PRINT CLEARLY)

Driver License State/Number (PLEASE PRINT CLEARLY)

Date of Birth* (PLEASE PRINT CLEARLY)

*SSN and DOB information will be used for identification purposes and will not be used as hiring criteria.

FCRA EMPLOYMENT 0072222-20121119

PLEASE PRINT INFORMATION CLEARLY

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

IMPORTANT: PLEASE MAKE SURE YOUR INFORMATION IS PRINTED CLEARLY. ANY INFORMATION NOT CLEARLY READABLE AND SUBMITTED INCORRECTLY TO UNIVERSAL BACKGROUND SCREENING, MAY CAUSE A DELAY IN THE RESULTS.