

Last Name	First	MI	For Personnel use only	Date of Application
Street Address			Type(s) of work desired	Social Security Number
City	State	ZIP	Home telephone	Work telephone

How were you referred to Arcosanti (Check only one):

By your college \_\_\_ Advertisement \_\_\_ Tour \_\_\_ Walk-in \_\_\_ Website \_\_\_ Workshop Interest \_\_\_

By an employee \_\_\_ If so, give name: \_\_\_\_\_ Other: \_\_\_\_\_

***Please read carefully and complete by printing in ink or typing.***

***An Equal Opportunity Employer***

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

***Provide all information requested.***

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

***Employment Record***

Start with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application also.

Last or present company	Type of business	Type or classification of job
Street address	Phone number	Brief description of job duties
City	State	ZIP
Supervisor's name	Phone number	
Base salary	Dates worked	
	From	To
Reason for Leaving		

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Supervisor's name	Phone number	
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	From	To
Reason for Leaving		



***Military Record***

Branch of Service	From:	To:
Present military affiliation:		
None:      Reserve (active):      Reserve (inactive):		
Kind of training and duty while in service		

***Professional and/or Work References***

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/relationship	Address (street, city, state, ZIP)	Phone number (include area code)	Occupation

May we contact your present employer? Yes \_\_\_ No \_\_\_

Wages or salary required: \_\_\_\_\_

Date available: \_\_\_\_\_

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company’s service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

If any of your educational or employment records are under other than the above name, please provide other names.