



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\_\_ DATE AVAILABLE \_\_\_\_\_, 20\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
 (Last) (First) (Middle)

Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

Phone Number: (\_\_\_\_) \_\_\_\_\_ Position Applying For: \_\_\_\_\_

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:

**FCRA DISCLOSURE AND ACKNOWLEDGMENT**  
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**Arizona Grain Inc.** ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. An investigative consumer report may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. Please be advised that the nature and scope of the most common form of investigative consumer report obtained is an investigation into your education and/or employment history. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report, and to request a copy of your report.

The report may be generated by **Universal Background Screening (Post Office Box 5920 Scottsdale, AZ 85261, 1-877-263-8033, [www.universalbackground.com](http://www.universalbackground.com))** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<b>New York and Maine applicants or employees only:</b> 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. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.
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<b>New York applicants or employees only:</b> 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. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
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<b>Oregon applicants or employees only:</b> Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.
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<b>Washington State applicants or employees only:</b> 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.
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**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) 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 the Company at any time after receipt of this authorization and, if I am hired, 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**, another outside organization acting on behalf of the Company, 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.

<b>New York applicants or employees only:</b> By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
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<b>Minnesota and Oklahoma applicants or employees only:</b> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
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<b>California applicants or employees only:</b> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy <input type="checkbox"/>
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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 receive such a copy under California law. □

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name (First/Middle/Last)

\_\_\_\_\_  
Social Security Number (SSN)\*

\_\_\_\_\_  
Driver License State / Number

\_\_\_\_\_  
Date of Birth\*

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

FCRA:EMPLOYMENT:007222:20121119