

12. Do you have any relatives currently working for AZ Auto Spa? _____ Yes _____ No.

If yes, Please state their name, relationship to you, and position: _____

13. Please circle the highest grade completed: 7 or less 8 9 10 11 12 13 14 15 16 17 18

14. Did you graduate from high school? _____ Yes _____ No; if no, do you have a GED certificate? _____ Yes _____ No

15. Are you presently attending High School? _____ Yes _____ No; if yes, are you attending _____ F/T _____ P/T

16. Please fill out the following education information:

High School Attended

City

State

_____	_____	_____
_____	_____	_____

College Attended/
Location

Degree Obtained. If No Degree
Number of Earned Credits

Course of Study
Degree Obtained

Month/Year

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Trade or Business School

Course of Study

Type of Diploma Received

_____	_____	_____
_____	_____	_____

17. Please list professional registrations, licenses, and certifications received. List dates obtained and expiration dates:

18. Please list computer software with which you are proficient: _____

19. List all languages which you speak fluently: _____

EMPLOYMENT HISTORY

- ✓ On the following page, indicate your experience in each position. Begin with your present or most recent position.
- ✓ Please provide a complete work history for the last 10 years. Be accurate and complete.
- ✓ Please provide full-time, part-time and volunteer work.
- ✓ Do not state "see resume" or similar notation.
- ✓ Attach a separate sheet of paper if needed, following the same format.

Job Title _____	Dates of Employment: From _____ To _____ <small>(State Month and Year)</small>
Employer's Name _____	Supervisor's Name _____
Employer's Address _____	
Telephone () _____	Average Hours Worked per Week _____
Starting Salary per Hour _____	Ending Salary per Hour _____
Description of Duties _____	

Reason for Leaving _____	

Job Title _____	Dates of Employment: From _____ To _____ <small>(State Month and Year)</small>
Employer's Name _____	Supervisor's Name _____
Employer's Address _____	
Telephone () _____	Average Hours Worked per Week _____
Starting Salary per Hour _____	Ending Salary per Hour _____
Description of Duties _____	

Reason for Leaving _____	

Job Title _____	Dates of Employment: From _____ To _____ <small>(State Month and Year)</small>
Employer's Name _____	Supervisor's Name _____
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Reason for Leaving _____	

Job Title _____	Dates of Employment: From _____ To _____ <small>(State Month and Year)</small>
Employer's Name _____	Supervisor's Name _____
Employer's Address _____	
Telephone () _____	Average Hours Worked per Week _____
Starting Salary per Hour _____	Ending Salary per Hour _____
Description of Duties _____	

Reason for Leaving _____	

20. Please list employers you do not wish us to contact: _____

21. I certify that all statements made in this application are true and I agree and understand that any deliberate misstatements or omissions of material facts may, at the discretion of AZ AutoSpa, cause forfeiture on my part of all eligibility to any employment with the AZ AutoSpa. I further understand that AZ AutoSpa may independently verify all information I have given on the application, to include verification of educational and employment records. In addition, I authorize any individual, company, organization or institution to release any and all information concerning statements made on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I also understand that this application with all attachments may be considered a public record under Arizona State law and therefore subject to release without notice.

I further understand that if I am employed, such employment does not create contractual obligations of continued employment. **Rather, I understand that employment with the AZ AutoSpa is "at-will," which means that I may leave employment at any time for any reason or no reason, and the AZ AutoSpa may terminate my employment, at any time, for any reason or no reason.** I further understand that no employee, agent or elected official of the AZ AutoSpa has the authority to change this employment relationship by any oral promises or statements to the contrary.

Signature _____ Date _____

NOTE: APPLICATIONS WITHOUT SIGNATURES WILL NOT BE CONSIDERED