

**Application for
Employment**
A to Z Equipment
Rentals & Sales is an
Equal Opportunity Employer



Since 1960 - with 4 locations
4050 E. Indian School Rd., Phoenix
15634 N. 32nd St. North Phoenix
1313 E. Baseline Rd. Gilbert
803 E. Van Buren, Avondale

DRUG TESTING & A BACKGROUND CHECK ARE REQUIRED FOR EMPLOYMENT

This form must be filled out completely, or it will not be considered • Please print legibly

Date _____ Name _____
(Last) (First) (Middle Initial)

Address _____
(Street Address - Do not use P.O. Box) (City) (State) (Zip)

Home Phone _____ Cell Phone _____ e-mail _____

How did you hear about us? Advertisement Employment Agency A to Z Website
Friend Relative Walk-in Other _____

Position Applied for _____ Date you can Start _____ Salary Desired _____

Are you available to work Full Time Part time Temp Do you have dependable transportation? Yes
Will you work overtime? Yes No Will you work weekends? Yes No

If there are any limitations to above, please explain _____

Have you ever applied to this company before? Yes No When? _____

Were you ever employed by this company? Yes No When? _____

Are you related to any current A to Z employee? Yes No If so, name & relationship? _____

Which languages other than English can you speak? _____ Read? _____ Write? _____

Are you currently over the age of 18? Yes No Are you legally eligible to work in the US? Yes No

Have you been convicted of a felony or misdemeanor? Yes No (Conviction will not necessarily disqualify applicant)

If yes, please explain fully circumstances & dates _____

Do you have a valid Arizona driver's license? Yes No Is it a CDL? Yes No

If no, can you secure an AZ driver's license? Yes No

Has your driver's license been revoked or suspended in the past three (3) years? Yes No If yes, please explain below:

EMPLOYMENT HISTORY

Begin with the most recent employer and account for all time during the last ten (10) years, or the last five (5) jobs. Include any substantial periods of unemployment or schooling.

DATES OF EMPLOYMENT				NAME & ADDRESS OF EMPLOYER	BRIEF DESCRIPTION OF DUTIES	SALARY or WAGE	REASON FOR LEAVING
FROM		TO					
Mo.	Yr.	Mo.	Yr.	Name		\$ _____	Quit <input type="checkbox"/>
				Address		Hour <input type="checkbox"/>	Laid off <input type="checkbox"/>
				Supervisor		Week <input type="checkbox"/>	Discharged <input type="checkbox"/>
				Phone		Month <input type="checkbox"/>	Other <input type="checkbox"/>
				Name		\$ _____	Quit <input type="checkbox"/>
				Address		Hour <input type="checkbox"/>	Laid off <input type="checkbox"/>
				Supervisor		Week <input type="checkbox"/>	Discharged <input type="checkbox"/>
				Phone		Month <input type="checkbox"/>	Other <input type="checkbox"/>
				Name		\$ _____	Quit <input type="checkbox"/>
				Address		Hour <input type="checkbox"/>	Laid off <input type="checkbox"/>
				Supervisor		Week <input type="checkbox"/>	Discharged <input type="checkbox"/>
				Phone		Month <input type="checkbox"/>	Other <input type="checkbox"/>
				Name		\$ _____	Quit <input type="checkbox"/>
				Address		Hour <input type="checkbox"/>	Laid off <input type="checkbox"/>
				Supervisor		Week <input type="checkbox"/>	Discharged <input type="checkbox"/>
				Phone		Month <input type="checkbox"/>	Other <input type="checkbox"/>
				Name		\$ _____	Quit <input type="checkbox"/>
				Address		Hour <input type="checkbox"/>	Laid off <input type="checkbox"/>
				Supervisor		Week <input type="checkbox"/>	Discharged <input type="checkbox"/>
				Phone		Month <input type="checkbox"/>	Other <input type="checkbox"/>
				Name		\$ _____	Quit <input type="checkbox"/>
				Address		Hour <input type="checkbox"/>	Laid off <input type="checkbox"/>
				Supervisor		Week <input type="checkbox"/>	Discharged <input type="checkbox"/>
				Phone		Month <input type="checkbox"/>	Other <input type="checkbox"/>
				Name		\$ _____	Quit <input type="checkbox"/>
				Address		Hour <input type="checkbox"/>	Laid off <input type="checkbox"/>
				Supervisor		Week <input type="checkbox"/>	Discharged <input type="checkbox"/>
				Phone		Month <input type="checkbox"/>	Other <input type="checkbox"/>
				Name		\$ _____	Quit <input type="checkbox"/>
				Address		Hour <input type="checkbox"/>	Laid off <input type="checkbox"/>
				Supervisor		Week <input type="checkbox"/>	Discharged <input type="checkbox"/>
				Phone		Month <input type="checkbox"/>	Other <input type="checkbox"/>
				Name		\$ _____	Quit <input type="checkbox"/>
				Address		Hour <input type="checkbox"/>	Laid off <input type="checkbox"/>
				Supervisor		Week <input type="checkbox"/>	Discharged <input type="checkbox"/>
				Phone		Month <input type="checkbox"/>	Other <input type="checkbox"/>

Which of these jobs did you like best? _____

What did you like most about this job? _____

May we contact your employer? Yes
 No

How much notice are you required to give you current employer? _____

QUALIFICATIONS

Why do you think you are best suited for this position?

EDUCATION RECORD

SCHOOL	NAME(S) & LOCATION(S) OF SCHOOL(S)	NO. OF YRS COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA(S) OR DEGREE(S)
ELEMENTARY SCHOOL			Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	
HIGH SCHOOL			Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	
COLLEGE			Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	
OTHER (Specify)			Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	

List subject of special study or special skills _____

List activities or sports _____

MILITARY EXPERIENCE

Were you in the military service? Yes No If yes, what branch and rank? _____

Dates of service: From _____ To _____ Honorable Discharge? Yes No

Technical school(s) attended in the service _____

Present membership in the National Guard or Reserve? Yes No

PERSONAL REFERENCES

List three references. Do not include relatives or former employers

	ADDRESS	TELEPHONE NUMBER(S)
NAME _____ OCCUPATION _____		
NAME _____ OCCUPATION _____		
NAME _____ OCCUPATION _____		

PLEASE READ CAREFULLY AND SIGN BELOW

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision, and I agree to sign a release for a background check if I am offered employment.

I understand that this application for employment shall be considered active for a period of time, not to exceed 45 days.

I understand that drug testing is required prior to, and during my employment at A to Z Equipment Rentals & Sales.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with A to Z Equipment is of an "at will" nature, which means that the Employee may resign at any time, and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of A to Z Equipment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of A to Z Equipment.

Applicant Signature

For office use only

Employed Yes No Date of Employment _____ Store _____ Dept. _____

Job Title _____ Wage/Salary \$ _____ Part time
Full Time

Special conditions _____

Permitted to drive Co. vehicles Yes
No

Arizona CDL Yes No Out of state CDL Yes No What state? _____

Name _____ Title _____ Date _____