## Employment Application

# Arizona Disabled Sports



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | Date: | | | |  | | | |
| Last | | | | | | | | | | | | | | | | First | | | | | | | | | | | | | | | M.I. | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |
| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | | | ZIP Code | | | | |
| Phone: | (     ) | | | | | | | | | | | | | | | | | | E-mail Address: | | | | | | |  | | | | | | | | | | | | | | | | |
| Date Available: | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | Desired Salary: | | | | | | | $ | | | | | |
| Position Applied for: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | | | | | YES | | | | NO | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | | | | | | YES | NO |
| Have you ever worked for this company? | | | | | | | | | | | | | | YES | | | | NO | | If yes, when? | | | | | | |  | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | | | | | | YES | | | | NO | |  | | | | | | | | | | | | | | | | | | | | | | |
| If yes, explain: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School: | | | |  | | | | | | | | | | | | | Address: | | | | |  | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | To: | | |  | | | Year of Graduation: | | | | | | | | |  | |  | | | | | Degree: | | | | |  | | | | | | | | |
| College: | | |  | | | | | | | | | | | | | | Address: | | | | |  | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | To: | | |  | | | Year of Graduation: | | | | | | | | |  | |  | | | | | Degree: | | | | |  | | | | | | | | |
| Other: |  | | | | | | | | | | | | | | | | Address: | | | | |  | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | To: | | |  | | | Year of Graduation: | | | | | | | | |  | |  | | | | | Degree: | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | |  | | | | | | | | | | | | | | | | | | Relationship: | | | | |  | | | | | | | | | | | | | | | | |
| Company: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | (     ) | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Full Name: | | |  | | | | | | | | | | | | | | | | | | Relationship: | | | | |  | | | | | | | | | | | | | | | | |
| Company: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | (     ) | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Full Name: | | |  | | | | | | | | | | | | | | | | | | Relationship: | | | | |  | | | | | | | | | | | | | | | | |
| Company: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | (     ) | | | | | | | | | |
| Address: | | Applicant Questions  1. **Please list any current certifications and any additional training or experience pertaining to this job opportunity.** 2. **Please describe your involvement in adaptive sports and recreation.** 3. **Please explain your experience with individuals with physical disabilities.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company: | | |  | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | (     ) | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | |  | | | | | | | | | |
| Job Title: | | |  | | | | | | | | | | | | Starting Salary: | | | | | | | | $ | | | | | | | | | Ending Salary: | | | | | | | | $ | | |
| Responsibilities: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | To: | |  | | | Reason for Leaving: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | YES | | | | NO | | | | | |  | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
| Company: | | |  | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | (     ) | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | |  | | | | | | | | | |
| Job Title: | | |  | | | | | | | | | | | | Starting Salary: | | | | | | | | $ | | | | | | | | | Ending Salary: | | | | | | | | $ | | |
| Responsibilities: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | To: | |  | | | Reason for Leaving: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | YES | | | | NO | | | | | |  | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
| Company: | | |  | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | (     ) | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | |  | | | | | | | | | |
| Job Title: | | |  | | | | | | | | | | | | Starting Salary: | | | | | | | | $ | | | | | | | | | Ending Salary: | | | | | | | | $ | | |
| Responsibilities: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | To: | |  | | | Reason for Leaving: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | YES | | | | NO | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | |  | | | | | | |

**Please email your application to Kelsey@ArizonaDisabledSports.com.**