

EDUCATIONAL RECORD

SCHOOL	NAME & ADDRESS	CHECK LAST YEAR COMPLETED	LIST DEGREE(S) OR DIPLOMAS(S)
High School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
College/University		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Technical/Other (Specify)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

EMPLOYMENT HISTORY SECTION

List 10 years of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

NOTE: A job offer may be contingent upon acceptable references from current and former employers. If you need additional space, attach extra copies of this page.

Employer _____ Phone _____ Address _____ City _____ State _____ Zip _____ Job Title _____ Duties _____ Reason for Leaving _____ _____	From ___/___/___ To ___/___/___ Pay _____ Supervisor's Name _____
Employer _____ Phone _____ Address _____ City _____ State _____ Zip _____ Job Title _____ Duties _____ Reason for Leaving _____ _____	From ___/___/___ To ___/___/___ Pay _____ Supervisor's Name _____

Employer _____ Phone _____ Address _____ City _____ State _____ Zip _____ Job Title _____ Duties _____ Reason for Leaving _____ _____	From ___/___/___ To ___/___/___ Pay _____ Supervisor's Name _____
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Employer _____ Phone _____ Address _____ City _____ State _____ Zip _____ Job Title _____ Duties _____ Reason for Leaving _____ _____	From ___/___/___ To ___/___/___ Pay _____ Supervisor's Name _____
Employer _____ Phone _____ Address _____ City _____ State _____ Zip _____ Job Title _____ Duties _____ Reason for Leaving _____ _____	From ___/___/___ To ___/___/___ Pay _____ Supervisor's Name _____

MILITARY EXPERIENCE

Have you received any job-related training in the United States Military? Yes No

Please give dates and explanation: _____

Describe any specialized training, apprenticeship, skills or any additional information you feel may be helpful to us in considering our application

If applying for a driving position, please provide:

License #: _____ State: _____ Class: _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, please provide details: _____

REFERENCES

<i>(Please list the name, address and telephone number of three references that are not related to you and are not previous employers.)</i>		
NAME & OCCUPATION	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

LIST PROFESSIONAL TRADE, BUSINESS OR CIVIC ORGANIZATIONS AND ANY OFFICES HELD. (Exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or other protected status.)	
ORGANIZATION	OFFICES HELD

PLEASE READ CAREFULLY

I certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that any deliberate falsifications, misrepresentations or omissions of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Company that such employment with the Company is at will, for no specified duration, and may be terminated by either the Company or me at any time, with or without cause or notice. I also understand that while personnel policies, programs, and procedures may of necessity change from time to time, such at-will status is not subject to change absent a written agreement signed by the company's CEO or a designated authorized representative. I understand that none of the documents, policies, procedures, actions, statements of the Company or its representatives used during the employment process is deemed a contract of employment real or implied.

I understand that if offered a position with the Company, I may be required to submit to a pre- and/or post-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize the Company and/or its assigns to investigate my personal history and to obtain from my previous employers any information they have concerning me.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Company and/or any of its representatives, agents or vendors and release all parties involved from any and all liability for any and all damage that may result from providing such information.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

BY FORWARDING THIS DOCUMENT TO THE HOZHONI FOUNDATION, VIA MAIL, E-MAIL, OR OTHER MEANS, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

Please Print Name

Signature

Date

EQUAL OPPORTUNITY INFORMATION

We are firmly committed to providing equal employment opportunity to all qualified individuals, and consider applications for all positions without regard to race, color, religion, gender, national origin, age, marital or Veteran status, the presence of a non-job-related medical condition or disability, Vietnam Era Veteran, or any other legally protected status.

The Company is required by the Equal Employment Opportunity Commission to collect and maintain the information requested below for EEO statistical reporting purposes. The information you provide will not be used in evaluating your application for employment; it is voluntary and will be kept confidential.

PLEASE COMPLETE IN FULL:

DATE: _____ POSITION APPLIED FOR: _____

NAME: _____ SEX: MALE FEMALE

ETHNIC GROUP:

Please check one of the descriptions below corresponding to the ethnic group with which you most identify.

- AMERICAN INDIAN OR ALASKAN NATIVE (not Hispanic or Latino):** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN (not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- BLACK OR AFRICAN AMERICAN (not Hispanic or Latino):** A person having origins in any of the Black racial groups of Africa.
- HISPANIC OR LATINO:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE (not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- TWO OR MORE RACES (not Hispanic or Latino):** A person who identifies with more than one of the above races.

VETERAN STATUS: Vietnam Era Veteran Disabled Veteran

If you are a person with a disability, a list of essential job functions for the position you are applying for is available from our Human Resources Representative. Please review them and answer the following questions:

Are you able to perform these tasks with without an accommodation(s)?

If an accommodation is needed, how would you perform the tasks and with what accommodation(s)?

Drug-Free Workplace

It is the policy of the Hozhoni Foundation to maintain a drug-free workplace in keeping with the spirit and intent of the Drug-Free Workplace Act of 1988. The use of controlled substances is inconsistent with the behavior expected of employees and subjects all employees, customers and visitors to our facilities to unacceptable safety risks, and undermines the Agency's ability to operate effectively and efficiently.

In this connection, the unlawful manufacture, distribution, dispensation, possession, sale, or use of a controlled substance (including alcohol) in the workplace or while engaged in Hozhoni business off Hozhoni premises is strictly prohibited. Such conduct is also prohibited during non-working time to the extent that, in the opinion of the Agency, it impairs an employee's ability to perform on the job or threatens the reputation or integrity of the Hozhoni Foundation.

All prospective new employees will be tested for the use of alcohol, illegal drugs or other controlled substances as part of the pre-employment process. Positive test results will be considered in employment decisions and may result in a decision that the applicant is not qualified for employment. Prospective employees who refuse to participate in testing will not be hired. The cost of the Pre-Employment Drug Screen may be deducted from employee's earnings, if employment has ended within 90 days from date of hire.

Hozhoni reserves the right to require employees to undergo appropriate tests designed to detect the presence of alcohol, illegal drugs, or other controlled substances where it has reason to believe that an employee may be under the influence of any of these substances, or in conjunction with work-related accidents or injuries. Refusal to consent to such a test may result in disciplinary action up to and including termination.

Employees convicted of controlled-substance related violations, including pleas of nolo contendere (no contest), must inform Hozhoni as early as practicable on the first business day of such conviction or plea. Employees who violate any aspect of this policy may be subject to disciplinary action up to and including termination.

Name: _____ Date: _____
Print clearly

Signature: _____



HOZHONI

FOUNDATION, INC.

I UNDERSTAND AND ACKNOWLEDGE that Hozhoni has requirements that must result in satisfactory outcomes for my continued employment.

They are:

- a) Motor Vehicle Driver's Certificate of Violations – 39-month Motor Vehicle Report (For positions that require driving)**
- b) Request for employment information/verification**
- c) Employment application**
- d) Identification that satisfy immigration requirements**
- e) TB screening, substance abuse test and verification that fingerprinting has been completed**

I UNDERSTAND and agree that my driving record with the Motor Vehicle Division (For positions that require driving) will be investigated by agents or representatives of the Foundation and/or their insurance carrier for the purpose of determining my eligibility for coverage.

Name: _____ **Date:** _____
Print clearly

Signature: _____

Questionnaire

Applicant Name: _____

Date: ____/____/____ Applying for: Flagstaff Prescott

Phone number: ____ - ____ - ____ Email: _____

How did you hear about the Hozhoni Foundation?

Arizona Daily Sun Prescott Courier Hozhoni website NAU website

Coconino Community College Yavapai College DES Referral/Other

If Referral/Other, please list: _____

Do you have an Arizona Drivers License (not required for all positions)? Yes No

If yes, for how long? _____

How many moving violations/accidents, if any, within the past 5 years? _____

Have you ever been convicted of any crime? (A conviction *will not* be an absolute bar to employment). Yes No

(If yes, please explain): _____

High School Diploma or GED: Yes No

Most jobs require lifting, bending, stooping, and twisting on a regular basis. Can you satisfy these requirements? Yes No

Able to work Weekends? Yes No Weekdays? Yes No

Overnight? Yes No

Related experience in the position in which you are interested: _____

Previous experience with Developmentally Disabled population: Yes No

If yes, briefly explain: _____

Best time to contact you? _____

For HR use only

Reviewed by: _____ Interview Date (if applicable) ____/____/____

Review Date: ____/____/____ Interview time (if applicable) ____:____

Hozhoni is an equal opportunity employer and we support a drug free work environment.