

# PRE-EMPLOYMENT APPLICATION



NAME

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please type required information in colored text fields and select the appropriate boxes. Once complete, save this PDF and email it along with your resume to American West Human Resources at [jobs@americanwesthomes.com](mailto:jobs@americanwesthomes.com)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Website	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Address	Number	Street	City
			State
			Zip Code
Telephone Number(s)	Social Security Number		

POSITION

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

*Proof of citizenship or immigration status will be required upon employment*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if job requires it?  Yes  No

DATE

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Date Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Schedule		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Date Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Schedule		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Date Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Schedule		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Date Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Schedule		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

# EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra curricular activities.

Describe any job-related training received in the United States military.

**OTHER QUALIFICATIONS**  
Summarize special job-related skills and qualifications acquired from employment or other experiences.

**SPECIALIZED SKILLS**  
Check skills/equipment operated.

<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Typewriter	Production / Mobile Machinery (list):	Other (list):
<input type="checkbox"/> Microsoft Access	<input type="checkbox"/> Multi-line Phones		
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Calculator		

State any additional information you feel may be helpful to us in considering your application.

## REFERENCES

1.	_____	_____
	Name	Phone#
	_____	_____
	Address	
2.	_____	_____
	Name	Phone#
	_____	_____
	Address	
3.	_____	_____
	Name	Phone#
	_____	_____
	Address	

## APPLICANT'S STATEMENT

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 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.

I hereby understand and acknowledge that, American West is an "at will" employer. As such, American West expressly reserves the right to terminate an employee's employment at any time with or without cause or notice just as employees are free to terminate their employment without restriction. Neither the length of your employment, promotions, citations, raises nor oral or written statements by supervisors, nor statements in handbooks, letters, manuals nor the institution of grievance or discipline procedures can change your status as an "at will" employee.

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

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

### *FOR PERSONNEL DEPARTMENT USE ONLY*

Arrange Interview  Yes  No Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_ Wage/Salary \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

Name and Title

Date

NOTES \_\_\_\_\_