



Southern Arizona AIDS Foundation
 Director of Human Resources
 375 South Euclid Avenue
 Tucson, AZ 85719

<http://www.saaf.org>
 520-628-SAAF (7223)
 Fax: 520-628-7222

EMPLOYMENT APPLICATION *(Please print legibly)*

Job title applying for: _____

Please read all instructions carefully and complete all sections of the application accurately. Please see application process information and checklist on back page.

Attention applicant: It is your responsibility to provide sufficient information on this application to indicate that you meet the minimum qualifications for the job for which you wish to be considered.

APPLICANT INFORMATION

Date: _____

Name: _____
Last First Middle Initial Pronouns

Address: _____
Street Number and Name City State Zip

E-mail: _____

Telephone: _____
Area Code Home Area Code Cell

HOW WERE YOU REFERRED? *(Check one)*

- 1. SAAF Website
- 2. Referred by SAAF Employee *(please specify)* _____
- 3. Other Website *(please specify)* _____
- 4. Newspaper/Journal *(please specify)* _____
- 5. Other *(please specify)* _____

For Human Resources use only:

Received Date: ____ / ____ / ____	Documents Received: <input type="checkbox"/> Cover Letter <input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> References <input type="checkbox"/> Other	Meets minimum qualifications: <input type="checkbox"/> Yes <input type="checkbox"/> No Referred to department: <input type="checkbox"/> Yes <input type="checkbox"/> No Date entered: ____ / ____ / ____	Notes:
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EMPLOYMENT HISTORY

Beginning with your current or most recent job, list all relevant previous employers (including all SAAF positions) and provide a complete description of duties. If applicable, include military and unpaid volunteer experience. Account for any gaps in employment in the *Additional Information* section. Please note that an offer of employment may depend upon verification of education, skills and employment history.

Resume must be attached.

LICENSE(S) List all relevant certificates or licenses (including valid driver's license).

Type of License / certificate:	License Number:	Expiration Date & State:	Granted by: (Licensing Board)

GENERAL INFORMATION

- Are you legally authorized to work in the USA? Yes No
- Do you have any relative/domestic partner working at SAAF? Yes No
- Have you ever been employed at SAAF? Yes No
- Have you ever been convicted of a crime other than a minor traffic infraction? Yes No

If yes, please explain:

Please note that a conviction of a crime is not an automatic bar to employment.

EDUCATION

Name of High School: _____ Location of School: _____
City and State

Certification: High School Diploma GED

Colleges / Technical or Trade schools

Institution: _____ Type of Degree/Certificate earned: _____
Name

Location: _____ Credit Hours/Units earned: _____
City and State

Major fields of study:

Other relevant subjects studied:

Institution: _____ Type of Degree/Certificate earned: _____
Name

Location: _____ Credit Hours/Units earned: _____
City and State

Major fields of study:

Other relevant subjects studied:

PROFESSIONAL REFERENCES

Please list current professional references that are familiar with your work-related abilities and background. Do not list relatives.

Name: _____ Professional relationship: _____

Phone Number _____

Name: _____ Professional relationship: _____

Phone Number _____

Name: _____ Professional relationship: _____

Phone Number _____

ADDITIONAL INFORMATION

Please list any additional acquired skills, knowledge or experience you would like considered in assessing your qualifications for this position (such as volunteer work, vocational training, computer courses, software programming, office skills, foreign language skills, keyboarding skills/speed, research skills, computer skills, etc.).

SIGNATURE

I hereby certify that all information is true and complete to the best of my knowledge. I understand that employment in certain positions may be conditional upon a review of criminal records. I authorize SAAF to request and obtain records to determine the accuracy of my responses. I understand that any material misrepresentation or omission on this application may be grounds for rejection of my application or termination of any subsequent employment with SAAF. I understand that SAAF is an at will employer which means that if I am hired, my employment can be terminated at any time without cause regardless of the length of my employment.

Applicant Signature: _____

Date: _____