

11042 N. 24th Avenue, Suite 101 Phoenix, AZ 85029 602-675-1388 info@azneighbor.com www.azneighbor.com ROC # 330661

AZ Neighbor is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status, non-job related disability or any other legally protected status. Information requested on this application will not be used for purposes prohibited by law.

This application will be given every consideration, but is not a guarantee of employment.

# PERSONAL INFORMATION

Name	<del>-</del>
Address	
Cell Phone ()	
Email	
Are you legally authorized to work in the United States?	Yes
Have you ever been convicted of a misdemeanor and/or	felony? No
If yes, state the nature of the offense, date of conviction,	sentence imposed, and county and state:
Note: Conviction will not necessarily disqualify you from employment w	vith AZ Neighbor. All convictions must be listed.
GENERAL INFO	ORMATION
Position applied for:	Full-Time
If required, could you work overtime? Yes	

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Date available to start:			Hourly Rate desired: \$		
Do you have any commitment or agreement with another employer that might affect your employment with AZ Neighbor?  No					
If yes, please exp	lain				
Have you ever ap	plied or worked for AZ Neigh	bor? No			
If yes, state when	and where you applied and/	or worked:			
Have you ever se	rved in the military? Yes	<del> </del>		<del> </del>	<del></del>
-	-	Entered	Date	Separated	
How did you learn	n of this opening?				
	E	EDUCATION			<del></del>
	Name and Address of School	Major Subject	Last Year Completed	Graduation Date	Degree
High School					
College					
Business, Trade, Other					
List any job-relate	ed scholastic honors, offices,	or activities:			
List job-related school or specialized training:					
Do you have any Certifications? Yes					
If yes, please list:					
Have you ever been fired or asked to resign from a job? No  If yes, explain:					

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# **EMPLOYMENT HISTORY**

List names of employers for the past ten (10) years 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, list firm name and supply business references. Please attach additional sheets if necessary.

1	EMPLOYER	FR	OM	STARTING	JOB TITLE
1	LIVII LOTLIX	MO	YR	SALARY	
NAM	TE OF COMPANY			\$	REASON FOR LEAVING (Please Explain)
۸۵۵	RESS		0	ENDING	_
ADD	INLOG	MO	VR	SALARY	
				\$	
CITY	/, STATE, ZIP				NAME & TITLE OF IMMEDIATE SUPERVISOR
PHC	NE NO.	TYPE OF BUS	SINESS		MAY WE CONTACT THIS EMPLOYER? Yes No
2	EMPLOYER		OM	STARTING SALARY	JOB TITLE
NIAN	L IE OF COMPANY	MO	YR	\$	REASON FOR LEAVING (Please Explain)
NAIV	IE OF COMPANY			\$	REASON FOR LEAVING (Please Explain)
ADD	RESS	T	0	ENDING	
		MO	YR	SALARY	
				\$	
CITY	/, STATE, ZIP				NAME & TITLE OF IMMEDIATE SUPERVISOR
PHC	NE NO.	TYPE OF BUS	SINESS		MAY WE CONTACT THIS EMPLOYER?
					Yes No
3	EMPLOYER	FR MO	OM YR	STARTING SALARY	JOB TITLE
NAM	L L COMPANY	WO	ĭĸ	\$	REASON FOR LEAVING (Please Explain)
10.00	12 01 0011111111				The form of the first explains
ADD	RESS	T	0	ENDING	
		MO	YR	SALARY	
				\$	
CITY	/, STATE, ZIP				NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS			MAY WE CONTACT THIS EMPLOYER?
					Yes No
4	EMPLOYER	FROM		STARTING	JOB TITLE
_		MO	YR	SALARY	
NAM	IE OF COMPANY			\$	REASON FOR LEAVING (Please Explain)
ADD	RESS		0	ENDING	-
		MO	YR	SALARY	
				\$	
CITY	/, STATE, ZIP				NAME & TITLE OF IMMEDIATE SUPERVISOR
PHC	ONE NO.	TYPE OF BUS	SINESS		MAY WE CONTACT THIS EMPLOYER? Yes No

If you worked in any of your previous positions under another name, please give that name:

#### REFERENCES

Please provide three professional references (include at least one supervisor):

	Name	Phone #	Occupation	
1				
2				
3				

### APPLICANT'S AGREEMENT

I understand and agree that, if I am employed by AZ Neighbor, my employment with the Company is entirely employment at-will, which means my employment may be terminated at any time with or without cause, regardless of the date of payment of my wages and/or salary, and with or without notice at the option of either the Company or myself. In addition, compensation may be changed by the Company at any time. I understand and agree that the Company reserves the right to establish and/or change any of the terms or conditions of any aspect of my employment at its discretion at anytime with or without notice. I understand and agree that no other oral or written agreements of any kind pertaining to the terms of my employment and/or my compensation exist outside of this Agreement, and if I believe that any such previous agreements between any the Company representative and myself have been made, I agree they are superseded by the contents of this Agreement. I understand and agree that no representative of the Company, other than a Company Owner, has any authority to enter into any other agreement or with me or provide me with any assurances relating to any aspect of my employment with the Company, except that an Owner of the Company may do so in writing.

I further agree that any change in the terms or conditions of my employment, such as a change in schedule, hours, benefits, salary or job duties will not affect the at-will relationship that exists between me and the Company.

In addition to the wages I am paid by the Company, I also agree that my continued employment and \$1.00 of the wages I am paid when I first report to work will serve as sufficient consideration to bind this Agreement.

I authorize the Company to investigate my background, qualifications and/or any other information on me as it deems appropriate. I also authorize anyone the Company contacts as part of its investigation to release any information they have regarding me or my employment to the Company or its representatives. Further, I authorize the Company to release the results of any background checks conducted on me and any other information related to me or my employment as it deems appropriate. I also release all parties, including the Company, from all liability for any damage that may result from either releasing or furnishing any such information.

I further agree to take any lawful medical examination, chemical, drug or alcohol test upon request by the Company at its sole discretion as a condition of my employment, or, if I am hired, as a condition of my continued employment at any time as deemed appropriate by the Company. I agree that my refusal to take any such examinations or tests immediately upon request may be cause for my not being hired or, if I am hired, may be cause for the immediate termination of my employment. Further, I authorize the Company to release the results of these tests to whomever it deems appropriate where allowed by law. I hereby release all parties from all liability for any damage that may result from conducting, releasing or furnishing information regarding these examinations or tests.

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I certify that there are no legal or contractual impediments that would prevent me from accepting employment with the Company or fulfilling the duties of the position(s) for which I am applying. I further understand and agree that if I am hired by the company that I will not make any disparaging remarks regarding the Company or its employees, as deemed by the Company.

In the event that I am employed by the Company, I authorize the Company to deduct and/or withhold from my wages, or any other monies then owed to me by the Company, any amounts that I might still owe to the Company, as deemed appropriate by the Company.

### **READ CAREFULLY BEFORE SIGNING**

"I agree that any claim or lawsuit relating to my service with the Company, or any of its subsidiaries, must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary."

If you are hired, this employment application will become part of your official employment record.

I understand and agree that if I threaten to breach or breach this Agreement, I agree to indemnify and hold the Company and any other damaged parties harmless from and against any and all loss, cost, damage, or expenses, including, but not limited to, paying all damages associated with this breach, including all attorney's fees and administrative costs deemed necessary and reasonable by the damaged parties in order to enforce any section of this Agreement or to correct whatever damages caused by this breach.

I also certify that the facts contained in this application are true and complete in all respects. I understand that if I am employed, any statements I have falsified on this Application shall be grounds for dismissal. I understand that if I am employed, if the Company later determines that this application, or any other documents or information given in conjunction with the hiring process contains false, incomplete, inaccurate or misleading information, my employment may be terminated immediately.

voluntarily agree to all of the provisions contained herein.				
PRINT NAME				
APPLICANT'S SIGNATURE	Date			

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