



*"A Step Above"*  
**ARIZONA  
STAIRS  
INC.**

# Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment including race, religion, sex, national origin, disability, military status, age, or on the basis of one's genetic information.

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Today's Date

## Personal Information

Name: (Last, First, Middle)

Street Address

City, State, Zip

E-mail Address

Phone

Social Security Number

Are you 18 years of age or older?                      yes                      no

How did you hear about Titan/ AZ Stairs?

If hired can you give written evidence of your right to work in the United States?                      yes                      no

List activities and/or membership in professional/civil organizations (exclude those that may disclose race, color, religion, or national origin):

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## Employment Desired

Position Desired

Desired Salary

Date you would be available to start

Have you applied to this company before?                      yes                      no

If yes, Where? \_\_\_\_\_ When? \_\_\_\_\_

Do you have any objection to working overtime?                      yes                      no

## Education

### **Elementary**

Name & Location

### **High School**

Name & Location

Did you graduate?	yes	no
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### **Business/ Trade/ Technical School**

Name & Location

Did you graduate?	yes	no
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What was your field of study?

### **College**

Name & Location

Did you graduate?	yes	no
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What was your field of study?

## Employment History

Are you currently employed?	yes	no
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If so, may we contact your present employer?	yes	no
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Have you ever been disciplined or fired?	yes	no
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If yes, why? \_\_\_\_\_

Have you ever been convicted of a felony	yes	no
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If yes, please explain: \_\_\_\_\_

List below the last three employers, start with your present or most recent employer:

Company Name:

Company Address:

Name of Supervisor and his/her telephone number:

Position Held:

Dates Employed:

Wage/ Salary:

Reason for leaving:

Able to contact?  yes  no

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Company Name:

Company Address:

Name of Supervisor and his/her telephone number:

Position Held:

Dates Employed:

Wage/ Salary:

Reason for Leaving:

Able to contact?  yes  no

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Company Name:

Company Address:

Name of Supervisor and his/her telephone number:

Position(s) Held:

Dates Employed:

Wage/ Salary:

Reason for Leaving:

Able to contact?  yes  no

Business References

Name

Address

Business Name

Phone

Years Known

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Name

Address

Business Name

Phone

Years Known

---

Name

Address

Business Name

Phone

Years Known

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**I, the undersigned applicant, understand that in order to be considered for employment with Arizona Stairs, Inc., I must become familiar with and abide by the following policies:**

1. I agree that prior to an offer of employment, and that during my employment, after serious accidents and/or if there is probable cause, I may be required to submit to urinalysis drug testing to determine the presence of drugs in my system. Since Arizona Stairs, Inc. is dedicated to a safe and accident free work environment, **a positive drug test result is grounds for ineligibility for employment, revocation of employment or dismissal.** It is understood that Arizona Stairs, Inc. is not responsible for the administration of these tests and furthermore, the applicant agrees to release the results to the Company.

2. After a conditional offer of employment, I agree to a drug test and medical examination, including X-rays and other tests determined by Arizona Stairs, Inc. and/or Company designated physician to be appropriate for the proposed employment and for future positions to which this employment may lead. I agree to release all test results to the Company. All results will be treated as confidential information by the Company. The examinations will be at the Company's expense. I understand that further testing may be conducted during employment, after serious accidents and/or if there is probable cause.

3. I understand that **NO FIREARMS, ALCOHOL, OR ILLICIT DRUGS ARE PERMITTED ON COMPANY PREMISES**, and that either being under the influence of illicit drugs or alcohol or having identifiable traces of them in my system during working hours is strictly prohibited and is grounds for dismissal.

4. I understand that Arizona Stairs, Inc., for the health and safety of other employees, may designate certain areas as non-smoking areas. I agree to abide by such rules.

5. It is understood that this application and subsequent offer of employment is not considered as an employment contract. **Arizona Stairs, Inc. does not guarantee tenure or length of employment to employees or applicants for employment.** Employment with the Company is for an indefinite period of time and can be terminated at any time, for any reason, with or without cause, by either the employee or the Company. It is further understood that **no written or oral pledges or promises made by any supervisory or management personnel can be considered as a contract guaranteeing tenure.** Only the President, under documented signature, can unequivocally determine or alter policy as it concerns tenure of employment.

6. The Company has a series of published employee benefits in effect. **No oral pledges, promises, or interpretations of such benefits by supervisory or management personnel can alter or change in any way the actual written benefits or the written description thereof as distributed distributed by the Company.** Notifications of changes in the published benefits will be made in writing under the signature of the President and Secretary of the Company.

7. By placing my signature below, I certify that the information provided in this application is true and correct to the best of my knowledge. **I understand that any false statement on any application form is reason for ineligibility for employment, revocation of employment, or dismissal.** I hereby give my permission to Arizona Stairs, Inc. to verify all the information given on this application. I hereby release from liability and agree to hold harmless any person that furnishes such verifying information in good faith.

**WITHOLDING AGREEMENT:** In the event the undersigned applicant is offered and does accept full-time employment with the Company, the employee does hereby agree to allow the Company to withhold the cost of the employee's pre-employment medical examination and/or drug testing costs from his/her wages if the employee resigns within the first 90 days, provided the resignation was not because of a substantial change made by the Company to the employee's job.

**IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, THIS APPLICATION MUST BE SIGNED AND DATED.**

Print Name:

Applicant's Signature:

\*Electronic Signature will be considered the same as a written one

Date: