



**Language Skills:**

Are you fluent in any language other than English? [ ] Yes [ ] No If so, what language \_\_\_\_\_  
If yes, [ ] Speak [ ] Read [ ] Write

**Employment Experience:** Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer	Telephone	Dates Employed From To	Work Performed
Address		Hourly Rate / Salary Starting Final	
Job Title			
Supervisor			

Reason for Leaving:

Employment Verification Completed

Length of Employment \_\_\_\_\_

Employer	Telephone	Dates Employed From To	Work Performed
Address		Hourly Rate / Salary Starting Final	
Job Title			
Supervisor			

Reason for Leaving:

Employment Verification Completed

Length of Employment \_\_\_\_\_

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Address		Hourly Rate / Salary Starting Final	
Job Title			
Supervisor			

Reason for Leaving

Employment Verification Completed

Length of Employment \_\_\_\_\_

Employer	Telephone	Dates Employed From To	Work Performed
Address		Hourly Rate / Salary Starting Final	
Job Title			
Supervisor			

Reason for Leaving

Employment Verification Completed

Length of Employment \_\_\_\_\_

**Special Skills and Qualifications:** Summarize any special qualifications and skills acquired from employment or other experience: \_\_\_\_\_

**Education:**

	Elementary	High School	College/University	Graduate/Professional
School Name				
Yrs. Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training's, Apprenticeships, Skills and/or Extra-curricular Activities				

List memberships in professional organizations, awards or certificates:

\_\_\_\_\_

\_\_\_\_\_

Honors awarded:

\_\_\_\_\_

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

\_\_\_\_\_

**References:** Name, address and phone of 3 persons who are neither related to you or previous employers:

1. \_\_\_\_\_ Reference Check Completed
2. \_\_\_\_\_ Reference Check Completed
3. \_\_\_\_\_ Reference Check Completed

**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 employment application as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

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



**YOU MUST ATTACH A COPY OF YOUR  
MOTOR VEHICLE RECORD FOR THE PAST  
THREE YEARS, AND CERTIFICATE OF  
AUTHENTICATION BY THE MOTOR VEHICLE  
DEPARTMENT.**

**YOU CAN OBTAIN THESE ITEMS AT THE  
MOTOR VEHICLE DEPARTMENT.**

**THE CERTIFICATION OF CRIMINAL OFFENSE**

**MUST BE NOTARIZED**

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
**CERTIFICATION OF CRIMINAL OFFENSE**

The Arizona Department of Economic Security is committed to maintaining the highest levels of work ethic, integrity and professionalism. Each Department employee in and each applicant for a position that is subject to the provisions of the Arizona Clearance Card program, as defined in DES 1-01-17, shall complete the Certification of Criminal Offenses form. A disposition based upon a no-contest plea must be identified.

APPLICANT EMPLOYEE'S NAME (Last, First, M.I.)	EMPLOYEE'S EIN (Employee I.D. No.) (If available)	EMPLOYEE'S DATE OF BIRTH	EMPLOYEE'S SITE CODE (If available)

Are you AWAITING TRIAL on or have you ever been CONVICTED of any of the following criminal offenses in this state or similar offenses in another state or jurisdiction (answer "YES" or "NO" to each listed offense)? Adjudications by a juvenile court need not be identified. Expunged convictions from any court other than juvenile court must be identified.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Sexual abuse of a vulnerable adult
<input type="checkbox"/>	<input type="checkbox"/>	2. Incest
<input type="checkbox"/>	<input type="checkbox"/>	3. First- or second degree murder
<input type="checkbox"/>	<input type="checkbox"/>	4. Sexual assault
<input type="checkbox"/>	<input type="checkbox"/>	5. Sexual exploitation of a minor
<input type="checkbox"/>	<input type="checkbox"/>	6. Sexual exploitation of a vulnerable adult
<input type="checkbox"/>	<input type="checkbox"/>	7. Commercial sexual exploitation of a minor
<input type="checkbox"/>	<input type="checkbox"/>	8. Commercial sexual exploitation of a vulnerable adult
<input type="checkbox"/>	<input type="checkbox"/>	9. Child prostitution as prescribed in A.R.S. § 13-3212
<input type="checkbox"/>	<input type="checkbox"/>	10. Child abuse
<input type="checkbox"/>	<input type="checkbox"/>	11. Abuse of a vulnerable adult
<input type="checkbox"/>	<input type="checkbox"/>	12. Sexual conduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	13. Molestation of a child
<input type="checkbox"/>	<input type="checkbox"/>	14. Molestation of a vulnerable adult
<input type="checkbox"/>	<input type="checkbox"/>	15. A dangerous crime against children as defined in A.R.S. § 13-604.01
<input type="checkbox"/>	<input type="checkbox"/>	16. Exploitation of minors involving drug offenses
<input type="checkbox"/>	<input type="checkbox"/>	17. Taking a child for the purposes of prostitution as prescribed in A.R.S. § 13-3206
<input type="checkbox"/>	<input type="checkbox"/>	18. Neglect or abuse of a vulnerable adult
<input type="checkbox"/>	<input type="checkbox"/>	19. Sex trafficking
<input type="checkbox"/>	<input type="checkbox"/>	20. Sexual abuse
<input type="checkbox"/>	<input type="checkbox"/>	21. Production, publication, sale, possession and presentation of obscene items as prescribed in A.R.S. § 13-3502
<input type="checkbox"/>	<input type="checkbox"/>	22. Furnishing harmful items to minors as prescribed in A.R.S. § 13-3506
<input type="checkbox"/>	<input type="checkbox"/>	23. Furnishing harmful items to minors by internet activity as prescribed in A.R.S. § 13-3506.01
<input type="checkbox"/>	<input type="checkbox"/>	24. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in A.R.S. § 13-3512
<input type="checkbox"/>	<input type="checkbox"/>	25. Luring a minor for sexual exploitation
<input type="checkbox"/>	<input type="checkbox"/>	26. Enticement of persons for purposes of prostitution
<input type="checkbox"/>	<input type="checkbox"/>	27. Procurement by false pretenses of person for purposes of prostitution
<input type="checkbox"/>	<input type="checkbox"/>	28. Procuring or placing persons in a house of prostitution
<input type="checkbox"/>	<input type="checkbox"/>	29. Receiving earnings of a prostitute
<input type="checkbox"/>	<input type="checkbox"/>	30. Causing one's spouse to become a prostitute
<input type="checkbox"/>	<input type="checkbox"/>	31. Detention of person's in a house of prostitution for debt
<input type="checkbox"/>	<input type="checkbox"/>	32. Keeping or residing in a house of prostitution or employment in prostitution
<input type="checkbox"/>	<input type="checkbox"/>	33. Pandering
<input type="checkbox"/>	<input type="checkbox"/>	34. Transporting persons for the purpose of prostitution, polygamy and concubinage
<input type="checkbox"/>	<input type="checkbox"/>	35. Portraying adult as a minor as prescribed in A.R.S. § 13-3555
<input type="checkbox"/>	<input type="checkbox"/>	36. Admitting minors to public displays of sexual conduct as prescribed in A.R.S. § 13-3558
<input type="checkbox"/>	<input type="checkbox"/>	37. Manslaughter
<input type="checkbox"/>	<input type="checkbox"/>	38. Endangerment
<input type="checkbox"/>	<input type="checkbox"/>	39. Threatening or intimidating
<input type="checkbox"/>	<input type="checkbox"/>	40. Assault
<input type="checkbox"/>	<input type="checkbox"/>	41. Unlawfully administering intoxicating liquors, narcotic drugs, or dangerous drugs



APPLICANT EMPLOYEE'S NAME (Last, First, M.I.)	EMPLOYEE'S EIN (Employee ID No. If available)	EMPLOYEE'S DATE OF BIRTH	EMPLOYEE'S SITE CODE (If available)
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- 92. Negligent homicide
- 93. Criminal damage
- 94. Misappropriation of charter school monies as prescribed in A.R.S. § 13-1818
- 95. Taking identity of another person or entity
- 96. Aggravated taking identity of another person or entity
- 97. Trafficking in the identity of another person or entity
- 98. Cruelty to animals
- 99. Prostitution
- 100. Sale or distribution of material to minors through vending machines as prescribed in A.R.S. § 13-3513
- 101. Welfare fraud

I hereby certify under penalties of perjury, that the answers given above are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Employee's Signature

Notary Public Section

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Subscribed and sworn or affirmed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Commission Expiration date

\_\_\_\_\_  
Notary Public

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local DES office manager; TTY/TDD Services: 711.

**YOU MUST COMPLETE ENOUGH  
EMPLOYMENT VERIFICATION FORMS TO  
COVER YOUR MOST RECENT TWO YEARS OF  
EMPLOYMENT**

**(COMPLETE THE FIRST PAGE, OF EACH,  
ONLY. WE WILL FAX THE TWO PAGE FORM  
TO THE EMPLOYER)**

630 E. Ninth Street  
Tucson, AZ 85705  
Main: 520-670-9040  
Fax: 520-670-1753  
Website: www.openinn.org

The person listed below as "applied for a position working with youth (ages 8 through 17) and families with Open-Inn, Inc. He/she has listed you as a current or previous employer. As part of our application procedure, you are requested to verify the information shown below and to complete the reverse side of this form. Because of the sensitive nature of personal records, we have asked the applicant to sign this request indicating his/her agreement to have these records released to us. If the policy of your agency so requires, please forward this request to the Personnel Department or other department for completion.

Please return/fax the completed forms to the above fax number attention: Personnel Department.

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This section to be completed by the Applicant to be reviewed for accuracy by the current/past employer.

Applicant Name: \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Position applying for at Open-Inn, Inc.: \_\_\_\_\_

Current/Past Employer: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

Special training received: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

I hereby certify that the information given and the statements made are true and correct. I authorize all previous employers or references to furnish any information concerning my personal character, habits, employment performance and records.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**THIS SECTION TO BE COMPLETED BY THE CURRENT/PAST EMPLOYER**

The comments below refer to the employment record of \_\_\_\_\_  
As referenced on the first page of this form.

\_\_\_ All information is correct as shown.  
\_\_\_ All information is correct with these exceptions: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ There is no record of employment for the applicant.

**Please give brief comments on each of the following work habits and qualities as they pertain to this person.**

Dependability \_\_\_\_\_  
\_\_\_\_\_

Ability to learn new task \_\_\_\_\_  
\_\_\_\_\_

Any problems we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Would you rehire? Yes \_\_\_ No \_\_\_

If "NO", please explain: \_\_\_\_\_  
\_\_\_\_\_

Name of person completing this form (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

**OPEN-INN, INC.  
630 E. Ninth Street  
Tucson, AZ 85705  
Main: 520-670-9040  
Fax: 520-670-1753  
Website: www.openinn.org**

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Position applying for at Open-Inn, Inc.: \_\_\_\_\_

Current/Past Employer: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

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\_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

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Title: \_\_\_\_\_

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Date

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_