



Helping People Help Themselves

Arizona Hospitality Academy

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

To help us learn about your experience, abilities, and interest, please complete this application for enrollment as thoroughly as possible. We will review your qualifications and will make every effort to reach a decision based solely on merit as quickly as possible. The information you provide will be considered confidential.

Last Name		First Name		Social Security Number	Middle Initial
Street Address		City, State		Zip	Country
Home Number		Cell Number		Message Phone	
E-Mail Address	Birth Date	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other	
Type of Service Desired: G.E.D., ESL, Vocational, Job Placement, Skill Training, Construction Trades, Hospitality Job Training					
Work Location Desired		Salary Desired		Expected Hourly Rate	
Do you have your own transportation?		Would you consider shift work?		Would you consider a rotating work schedule?	
Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen Alien Doc# _____		Are you receiving unemployment? Y - N		Referred by Department Economic Security. Y - N	
Labor Force Status <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed		Selective Service <input type="checkbox"/> Yes, Registered <input type="checkbox"/> No, Not Registered <input type="checkbox"/> Active <input type="checkbox"/> In-Active		Disabled <input type="checkbox"/> Yes, Major <input type="checkbox"/> Yes, Substantial	
Limited English Y - N		Race: White, Asian, Native American, Black – African American, Hispanic, Non-Hispanic Black, Other _____			
For Office Use Only:					
<input type="checkbox"/> TAB Score Entry Level <input type="checkbox"/> Intake Survey <input type="checkbox"/> Pre assessment <input type="checkbox"/> Post Assessment I.D. Number _____					

EDUCATION

School Name	Address	Degree	Date

Training – List any training not listed above (Example: Military, Company, Trade School, Etc.)

School Name	Address	Certificate	Date

Work History

Company Name	Dates of Employment	Job Title (s)	Reason For Leaving

General Health Status

<p>Do you have any physical limitations that would prohibit you from doing certain jobs? If yes, please explain. Y – N</p>	<p>Do you have any disability that is not readily visible or noticeable? If yes, please explain. Y – N</p>
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Emergency Contact

Name	Number
Name	Number

Personal Background

Will you be willing to submit to an employer’s background and drug test? Y – N

Signature _____



Date _____