

**Application for  
Employment**  
*A to Z Equipment  
Rentals & Sales is an  
Equal Opportunity Employer*



Since 1960 - with 4 locations  
4050 E. Indian School Rd., Phoenix  
15634 N. 32nd St. North Phoenix  
1313 E. Baseline Rd. Gilbert  
803 E. Van Buren, Avondale

**DRUG TESTING & A BACKGROUND CHECK ARE REQUIRED FOR EMPLOYMENT**

(Please print legibly)

Date \_\_\_\_\_ Name \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE INITIAL)

Address \_\_\_\_\_  
(STREET ADDRESS - DO NOT USE P.O. BOX) (CITY) (STATE) (ZIP)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

How did you hear about us? Advertisement  Employment Agency  A to Z Website   
Friend  Relative  Walk-in  Other \_\_\_\_\_

Position Applied for \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Store Applied for: Indian School Rd.  North 32nd St.  Gilbert  Avondale  Any

Are you available to work Full time  Part time  Temp.  Do you have dependable transportation? Yes   
No

Will you work overtime? Yes  No  Will you work weekends? Yes   
No

If there are any limitations to above, please explain \_\_\_\_\_

Have you ever applied to this company before? Yes  No  When? \_\_\_\_\_

Were you ever employed by this company? Yes  No  When? \_\_\_\_\_

Are you related to any current A to Z employee? Yes  No  If so, name & relationship \_\_\_\_\_

Which languages other than English can you speak? \_\_\_\_\_ Read? \_\_\_\_\_ Write? \_\_\_\_\_

Are you currently over the age of 18? Yes  No  Are you legally eligible to work in the U.S.? Yes   
No

Have you been convicted of a felony within the past seven (7) years? Yes  No  (Conviction will not necessarily dis-  
qualify applicant from employment.) If yes, please explain fully circumstances & dates \_\_\_\_\_

Do you have a valid Arizona driver's license? Yes  No  Is it a CDL? Yes  No

If no, can you secure an AZ driver's license? Yes  No

Has your driver's license been revoked or suspended in the past three (3) years? Yes  No  If yes, please explain below: \_\_\_\_\_

## EMPLOYMENT HISTORY

Begin with the most recent employer and account for all time during the last ten (10) years, or the last five (5) jobs. Include any substantial periods of unemployment or schooling.

DATES OF EMPLOYMENT				NAME & ADDRESS OF EMPLOYER	BRIEF DESCRIPTION OF DUTIES	SALARY or WAGE	REASON FOR LEAVING
FROM		TO					
Mo.	Yr.	Mo.	Yr.	Name		\$ _____	Quit <input type="checkbox"/>
				Address		Hour <input type="checkbox"/>	Laid Off <input type="checkbox"/>
						Week <input type="checkbox"/>	Discharged <input type="checkbox"/>
				Supervisor	Phone	Month <input type="checkbox"/>	Other <input type="checkbox"/>
						Year <input type="checkbox"/>	
				Name		\$ _____	Quit <input type="checkbox"/>
				Address		Hour <input type="checkbox"/>	Laid Off <input type="checkbox"/>
						Week <input type="checkbox"/>	Discharged <input type="checkbox"/>
				Supervisor	Phone	Month <input type="checkbox"/>	Other <input type="checkbox"/>
						Year <input type="checkbox"/>	
				Name		\$ _____	Quit <input type="checkbox"/>
				Address		Hour <input type="checkbox"/>	Laid Off <input type="checkbox"/>
						Week <input type="checkbox"/>	Discharged <input type="checkbox"/>
				Supervisor	Phone	Month <input type="checkbox"/>	Other <input type="checkbox"/>
						Year <input type="checkbox"/>	
				Name		\$ _____	Quit <input type="checkbox"/>
				Address		Hour <input type="checkbox"/>	Laid Off <input type="checkbox"/>
						Week <input type="checkbox"/>	Discharged <input type="checkbox"/>
				Supervisor	Phone	Month <input type="checkbox"/>	Other <input type="checkbox"/>
						Year <input type="checkbox"/>	
				Name		\$ _____	Quit <input type="checkbox"/>
				Address		Hour <input type="checkbox"/>	Laid Off <input type="checkbox"/>
						Week <input type="checkbox"/>	Discharged <input type="checkbox"/>
				Supervisor	Phone	Month <input type="checkbox"/>	Other <input type="checkbox"/>
						Year <input type="checkbox"/>	

Which of these jobs did you like best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

\_\_\_\_\_

May we contact your current employer? Yes   
No

How much notice are you required to give your current employer? \_\_\_\_\_

**QUALIFICATIONS**

Why do you think you are best suited for this position?

---



---



---



---



---



---

## EDUCATIONAL RECORD

SCHOOL	NAME(S) & LOCATION(S) OF SCHOOL(S)	NO. OF YRS COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA(S) OR DEGREE(S)
ELEMENTARY SCHOOL	_____		Yes <input type="checkbox"/>	
	_____		No <input type="checkbox"/>	
HIGH SCHOOL	_____		Yes <input type="checkbox"/>	
	_____		No <input type="checkbox"/>	
COLLEGE	_____		Yes <input type="checkbox"/>	
	_____		No <input type="checkbox"/>	
OTHER (Specify)	_____		Yes <input type="checkbox"/>	
	_____		No <input type="checkbox"/>	

List subjects of special study or special skills \_\_\_\_\_

List activities or sports \_\_\_\_\_

### MILITARY EXPERIENCE

Were you in the military service? Yes  No  If yes, what branch and rank? \_\_\_\_\_

Dates of service: From \_\_\_\_\_ To \_\_\_\_\_ Honorable Discharge? Yes  No

Technical school(s) attended in the service \_\_\_\_\_

Present membership in the National Guard or Reserve Yes  No

### PERSONAL REFERENCES

List three references. Do not include relatives or former employers

	ADDRESS	TELEPHONE NUMBER(S)
NAME _____ OCCUPATION _____		
NAME _____ OCCUPATION _____		
NAME _____ OCCUPATION _____		

**PLEASE READ CAREFULLY AND SIGN BELOW**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision, and I agree to sign a release for a background check if I am offered employment.

I understand that this application for employment shall be considered active for a period of time, not to exceed 45 days.

I understand that drug testing is required prior to, and during my employment at A to Z Equipment Rentals & Sales

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with A to Z Equipment is of an "at will" nature, which means that the Employee may resign at any time, and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of A to Z Equipment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of A to Z Equipment.

\_\_\_\_\_  
Applicant Signature

---

---

**For office use only**

Employed Yes   
No  Date of Employment \_\_\_\_\_ Store \_\_\_\_\_ Dept. \_\_\_\_\_

Job Title \_\_\_\_\_ Wage/Salary \$ \_\_\_\_\_ PER \_\_\_\_\_ Part time   
Full time

Special conditions \_\_\_\_\_

Permitted to drive Co. vehicles Yes   
No

Arizona CDL Yes  Out of state CDL Yes  What state? \_\_\_\_\_  
No  No

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_