



EMPLOYMENT APPLICATION

The ARRO Group, Inc. is an equal opportunity employer and does not unlawfully discriminate in employment. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, physical or mental disabilities or any other status protected under local, state or federal law. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and programs is available to all persons.

This application will be active for a period of six (6) months; after that time, a new application must be submitted in order to be considered for employment.

PERSONAL INFORMATION

Name: _____ Social Security #: _____
 First Initial Last

Present Address: _____ # of Years: _____
 Street City State Zip Code

Previous Address: _____ # of Years: _____
 Street City State Zip Code

Home Telephone #: _____ Alternative Telephone #: _____

Email Address: _____

Position Applied For: _____ How Were You Referred: _____

When would you be available to start work? _____ Salary Desired _____

Are you legally eligible to be employed in the United States? Yes [] No []
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? Yes [] No []
If no, you will be required to provide working papers

Do you have a valid driver's license? Yes [] No []

Have you ever worked under another name? Yes [] No []

If yes, what was it and what was the reason for the change? _____

Have you ever worked for the Company before? Yes [] No []

If yes, please list date(s), job title(s) and location(s) _____

Do you have any relatives employed by the Company? Yes [] No []

If yes, who, where do they work and title _____

Have you ever been charged with a crime (felony, misdemeanor or summary offense)? Yes [] No []

If yes, please explain: _____

If yes, were you convicted? Yes [] No []

(A yes response to either question will not necessarily result in the denial of employment. Factors such as job responsibilities, seriousness and nature of violation will be taken into account)

Have you signed a non-compete / non-solicitation agreement with your current or former employer?

Yes No If yes, please provide a copy.

Are you able to meet the attendance requirements? Yes No

If hired, will you be able to work overtime? Yes No

Do you have any travel restrictions? Yes No

If yes, please explain: _____

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation? Yes No

EDUCATION

Education	Name & Address of School	Major Studies	(Circle) Last Year Attended	Graduated	Degree
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business, Technical, Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any Professional Designations, Licenses and/or Certifications:

Other Special Knowledge, Skills or Qualifications:

EMPLOYMENT HISTORY

List all employment information for your past four (4) employers starting with the most recent.
All information **MUST** be completed.

Employer Name:			
Address	City	State	Zip Code
Dates Employed From	Dated Employed To	Job Title	
Starting Salary		Ending Salary	
Name of Supervisor	Title	Phone	
Description of Duties & Responsibilities			
Reason for Leaving			

Employer Name:			
Address	City	State	Zip Code
Dates Employed From	Dated Employed To	Job Title	
Starting Salary		Ending Salary	
Name of Supervisor	Title	Phone	
Description of Duties & Responsibilities			
Reason for Leaving			

Employer Name:			
Address	City	State	Zip Code
Dates Employed From	Dated Employed To	Job Title	
Starting Salary		Ending Salary	
Name of Supervisor	Title	Phone	
Description of Duties & Responsibilities			
Reason for Leaving			

Employer Name:			
Address	City	State	Zip Code
Dates Employed From	Dated Employed To	Job Title	
Starting Salary		Ending Salary	
Name of Supervisor	Title	Phone	
Description of Duties & Responsibilities			
Reason for Leaving			

COMPUTER

List all computer skills including Hardware/Software

Do you type? Yes [] No [] If yes, how many Words per Minute: _____

REFERENCES

List three (3) reference names (Do not include Relatives)

Name	Occupation	Years Known	Telephone Number

CERTIFICATION AND AUTHORIZATION

I certify that the above information is true, accurate and complete. I understand that the falsification, misrepresentation, concealment or omission of material fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with The ARRO Group, Inc. or any of its subsidiaries is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment can be terminated at will and may be terminated by me or the Company at any time, with or without notice and for any reason. I understand that none of the documents, policies, procedures, actions, statements of the Company or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of the Company, except the President, has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of the Company.

I understand that if offered a position with The ARRO Group, Inc. or any of its subsidiaries, I will be required to submit to a pre-employment drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer to termination of employment if already employed.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I acknowledge that I have read, understood and agree to the above statements.

Signature

Date