



AZTEC SHOPS

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

Please Print

Red ID# \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Employee # \_\_\_\_\_
Last First Middle Issued by HR

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_@\_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License # \_\_\_\_\_ State issued
Valid Social Security number required for employment

Address \_\_\_\_\_
Number Street City State Zip

What position are you applying for? \_\_\_\_\_

Please list the names of any near relatives\* or friends that work for Aztec Shops: \_\_\_\_\_

\*For the purpose of this question near relatives shall be interpreted as including parent, child, wife, husband, brother, sister, brother-in-law, sister-in-law, mother-in-law, father-in-law, son-in-law, daughter-in-law, and step relatives.

Emergency Contact \_\_\_\_\_
Name Phone Number
[ ] Home [ ] Work [ ] Cell

Personal Information

Have you ever worked for Aztec Shops before?

Yes \_\_\_ [ ] Dining Services [ ] Campus Stores [ ] Corporate When: \_\_\_\_\_

No \_\_\_

Are you able to perform the essential functions of the job for which you are applying with or without accomodation?

Yes \_\_\_ No \_\_\_ Describe the function(s) that cannot be performed or require accomodation: \_\_\_\_\_

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

Are you able to perform all other duties of the job for which you are applying?

Yes \_\_\_ No \_\_\_ Describe duties unable to be performed: \_\_\_\_\_

Have you ever been convicted of a felony or theft-related misdemeanor?

Yes \_\_\_ If your conviction has not been sealed or legally expunged, state the nature of the felony or theft-related misdemeanor, as well as when and where the conviction occurred: \_\_\_\_\_

No \_\_\_

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

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## Education, Training and Experience

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School Name, City & State \_\_\_\_\_ No. of Years Completed \_\_\_\_\_ Did You Graduate? \_\_\_\_\_ Degree or Diploma \_\_\_\_\_

High School \_\_\_\_\_

College/University \_\_\_\_\_

Vocational/Business \_\_\_\_\_

Are you currently enrolled on any campus? \_\_\_\_\_ Name of campus \_\_\_\_\_  
Yes\_\_\_ No\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ Status \_\_\_\_\_

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## Employment History

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List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a résumé.

Are you currently employed?

Yes\_\_\_ No\_\_\_

If so, may we contact your current employer?

Yes\_\_\_ No\_\_\_

**1.** Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Date of Employment From \_\_\_\_\_ To \_\_\_\_\_

Weekly /Hourly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**2.** Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Telephone No.(\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Date of Employment From \_\_\_\_\_ To \_\_\_\_\_

Weekly /Hourly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**3.** Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Date of Employment From \_\_\_\_\_ To \_\_\_\_\_

Weekly /Hourly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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## References

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List below three persons not related to you who have knowledge of your work performance within the last three years. If you have never worked before list personal references.

Name \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Occupation \_\_\_\_\_ Phone No. \_\_\_\_\_ Years Aquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Occupation \_\_\_\_\_ Phone No. \_\_\_\_\_ Years Aquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Occupation \_\_\_\_\_ Phone No. \_\_\_\_\_ Years Aquainted \_\_\_\_\_

**Please read carefully. Initial each paragraph and sign below.**

\_\_\_\_\_ Aztec Shops, Ltd. retains the right to hire the person who appears to best fit its needs at this time. There will not be an explanation (unless specifically required by law) as to what factors went into this decision.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Aztec Shops, Ltd to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Aztec Shops, Ltd. any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Aztec Shops, Ltd. , my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

\_\_\_\_\_ I understand that if hired, I must provide documentation to verify my identity and eligibility to work in the United States. I also understand that Aztec Shops reserves the right to have physical examinations conducted by a licensed physician.

\_\_\_\_\_ I understand employment at Aztec Shops Ltd, is at-will; employment may be terminated at the will of either Aztec Shops, Ltd, or myself. Further, I understand that except for the employment at-will status, any and all policies or practices can be changed at any time by Aztec Shops, Ltd.

\_\_\_\_\_ Under provisions of Title V of the Education Code, Aztec Shops, Ltd. is required to submit verification of employment to the SDSU Financial Aid Office on all part-time student employees.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Post Employment Information**

Hiring Manager: Please Check Appropriate Answers

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|--|--|
| 1. Hire Date: _____  | 7. Home Dept _____<br>Cost Center  |
| 2. Married ____ Single ____  | 8. ____Part-time <b>OR</b> ____Full-time: <input type="checkbox"/> HR <input type="checkbox"/> Sal |
| 3. Male ____ Female ____   | 9. Position _____  |
| 4. Student: ____Yes ____No   | 10. Primary Job _____  |
| 4a. At SDSU? ____Yes ____No  | 11. Pay Grade _____ Step _____ \$ _____  |
| 5. Birth Date: _____   | 12. Reports To _____   |
| 6. Ethnicity: W ____ B/AA ____ HS/LAT ____<br>AS ____ AmI/AL ____ HI/PI ____ +2 ____ |  |

Hiring Manager _____ Signature	_____ Date
Director _____ Signature	_____ Date
Senior Director of Management Services _____ Signature	_____ Date