



P.O. Box 1900, Sierra Vista, AZ 85636-1900  
 (520) 458-3500  
[Personnel@ptaaz.com](mailto:Personnel@ptaaz.com)

**EMPLOYMENT APPLICATION**  
 PLEASE COMPLETE ALL ITEMS

**NOTICE:**  
 The information you provide will allow us to consider you for the position you desire and/or other positions for which you may be qualified. All information you provide will be kept confidential. All offers of employment are contingent upon you providing proof of identity and lawful authorization to work in the U.S. and you completing a form I-9, as required by the Immigration Reform and Control Act of 1986.

NAME (Last)	(First)	(Middle)	EMAIL ADDRESS
ADDRESS (Street)	(City)	(State)	(Zip)
SOCIAL SECURITY NUMBER			PREFERRED PRONOUNS
DATE OF APPLICATION _____	Do you have adequate transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DATE AVAILABLE _____	Do you have any restrictions on working overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DESIRED POSITION _____	Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Either		
DESIRED WORK LOCATION (CITY) _____	Will you work: <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons		
DESIRED SALARY (RANGE) _____	Days Available: Monday Tuesday Wednesday Thursday Friday		
	Are you age 19 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any physical or mental limitations that would prevent you from performing the essential functions of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain: _____			

**EMPLOYMENT RECORD**

In the space below, account for all time for the past five (5) years, whether working or not. START WITH YOUR MOST RECENT EXPERIENCE AND WORK BACKWARDS. Include military service, education, volunteering, etc., and any periods of unemployment. Give complete names and addresses. If self-employed, give firm name. Attach additional sheets, if necessary, to cover the past five (5) years.

From: mo/yr	Employer Name and Address	Phone #	Position Held	Pay per _____	Name of Supervisor
To: mo/yr			Why did you leave? May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From: mo/yr	Employer Name and Address	Phone #	Position Held	Pay per _____	Name of Supervisor
To: mo/yr			Why did you leave? May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From: mo/yr	Employer Name and Address	Phone #	Position Held	Pay per _____	Name of Supervisor
To: mo/yr			Why did you leave? May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From: mo/yr	Employer Name and Address	Phone #	Position Held	Pay per _____	Name of Supervisor
To: mo/yr			Why did you leave? May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Explain any periods of unemployment: \_\_\_\_\_

U.S. Military Service?  Yes  No If yes, From: \_\_\_\_\_ To: \_\_\_\_\_ Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Have you ever changed your name or worked using another name?  Yes  No If yes, list names: \_\_\_\_\_

# EDUCATIONAL RECORD

	Name, City and State of Institution	Major Field	Graduate? (Yes/No)
High School/GED			
College or University			
Technical/Trade/Business/Other Schools			

Special Training/Courses/Certifications:	Professional License(s):	Languages Spoken:
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Have you ever applied or been employed by us before?  Yes  No If yes, when: \_\_\_\_\_

How were you referred to us? Check one:  Walk-In  Indeed  Newspaper  Friend  Relative  Other \_\_\_\_\_

If Friend/Relative, state name(s) of friend(s)/relative(s) and relationship(s) \_\_\_\_\_

\_\_\_\_\_

**INDICATE EXPERIENCE IN THE FOLLOWING:**

<input type="checkbox"/> Accounting	<input type="checkbox"/> Computer	<input type="checkbox"/> 10-Key	<input type="checkbox"/> Title/Escrow Related Programs: _____
<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> Filing	<input type="checkbox"/> Shorthand _____ WPM	
<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Loan Officer	<input type="checkbox"/> Typing _____ WPM	_____
<input type="checkbox"/> Auditor	<input type="checkbox"/> Payroll	<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Receptionist	_____	_____

Any other experiences, skills, or qualifications you feel would aid in your work with Yavapai Title Agency? Please list: \_\_\_\_\_

\_\_\_\_\_

**GIVE A BRIEF STATEMENT WHY YOU FEEL YOU QUALIFY FOR THIS POSITION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This company is an Equal Opportunity Employer. We select qualified individuals for employment based upon job-related factors, regardless of race, color, religion, sex, age, national origin, handicap or veteran status, or other legally protected factors.

**CERTIFICATION, AUTHORIZATION, RELEASE AND WAIVER**  
**READ CAREFULLY BEFORE SIGNING**

I certify that the information given by me in the Employment Application is true and complete and I understand and agree that my employment with this company may be immediately discontinued if misrepresentations, falsified statements, or material omissions are found to have been made. I authorize schools, former employers and former supervisors to provide any and all information pertinent to my employment and hereby release those providing such information from any liability for doing so. I also understand that employment, if offered, is contingent upon my providing additional information for employee record purposes and upon my providing proof of identity and lawful authorization to work in the U.S. and completing a form I-9. I also understand that the company may terminate me at any time, with or without cause and without liability, and that my employment here does not constitute a contract of employment between myself and the company. I further understand that the term of employment at this company is for such period as the company may deem my services to be satisfactory and desirable. I will comply with and be governed by all company policies, rules, and procedures as may be in effect from time to time. I have read the above, understand its content and meaning and agree to all of its provisions. I understand that, upon my request, I will be provided a copy of my executed employment application.

**SIGN HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_

If employed, I hereby authorize Yavapai Title Agency to deduct from my earnings amounts sufficient for my payments to cover financial liability which I may incur during my employment. This may include, but not be limited to, damage to or loss of company vehicles or property, group insurance premiums, and other appropriate deductions.

**SIGN HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FOR COMPANY USE ONLY**

INTERVIEWED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

HIRED:  Yes  No IF YES: SALARY/ WAGE \_\_\_\_\_ DATE REPORTING TO WORK: \_\_\_\_\_

IF NO, STATE SPECIFIC REASON(S): \_\_\_\_\_

\_\_\_\_\_

APPROVALS: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_