



GUGLIELMO & ASSOCIATES, PLLC

3040 N Campbell Ave Suite 100 Tucson AZ 85719

520-325-5700

Please email a copy of your resume to humanresources@guglielmolaw.com

EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ HOUR SALARY

POSITION APPLIED FOR: Account manager in Collections Litigation Garnishment Dept. Operations
 Compliance Accounting Law Clerk

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

DAYS/TIMES AVAILABLE: M _____ T _____ W _____
 Th _____ F _____ Sat _____

EMPLOYMENT ELIGIBILITY

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM A JOB? YES* NO

***IF YES, PLEASE PROVIDE A SHORT EXPLANATION:** _____

HAVE YOU EVER WORKED FOR G&A? YES* NO

***IF YES, WRITE THE START AND END DATES AND REASON FOR LEAVING:** _____



ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO*

*IF NO, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY/MISDEMEANOR? YES* NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____



FROM: _____ TO: _____

REASON FOR LEAVING: _____

Was separation voluntary? Yes No

If no, provide details: _____

If yes, did you give proper notice? Yes No Days of Notice given: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

Was separation voluntary? Yes No

If no, provide details: _____

If yes, did you give proper notice? Yes No Days of Notice given: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

Was separation voluntary? Yes No

If no, provide details: _____

If yes, did you give proper notice? Yes No Days of Notice given: _____



REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND/CREDIT REPORT CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

IF ASKED, ARE YOU WILLING TO CONSENT TO A CREDIT REPORT CHECK? YES NO



DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

