

U.S. COLLECTIONS WEST, INC.  
2320 W PEORIA AVE #C116  
PHOENIX, ARIZONA 85029  
PHONE: (602) 995-3494  
FAX: (602) 995-9212

## EMPLOYMENT APPLICATION

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OF EMPLOYMENT: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_  
SUMMER \_\_\_\_\_ TEMP \_\_\_\_\_

NAME OF APPLICANT (PLEASE INDICATE HOW YOU WISH TO BE ADDRESSED)

SURNAME FIRST NAME MIDDLE INITIAL

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ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE): \_\_\_\_\_

PREVIOUS ADDRESS IN THE UNITED STATES: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

SOME POSITIONS IN THE COMPANY REQUIRE THAT STAFF BE BONDED:

ARE YOU BEING BONDED CURRENTLY: \_\_\_\_\_

HAVE YOU EVER BEEN BONDED: \_\_\_\_\_

ARE YOU LEGALLY ENTITLED TO WORK IN THE UNITED STATES: \_\_\_\_\_

ARE YOU WILLING TO RELOCATE: \_\_\_\_\_

DO YOU HAVE A VALID DRIVERS LICENSE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN TRAFFIC VIOLATIONS: \_\_\_\_\_

IF YES PLEASE EXPLAIN: \_\_\_\_\_

## EDUCATION

SECONDARY SCHOOL ATTENDED AND LOCATION: \_\_\_\_\_

HIGHEST GRADE COMPLETED: \_\_\_\_\_ GRADUATE: \_\_\_\_\_

UNIVERSITY ATTENDED AND LOCATION: \_\_\_\_\_

NUMBER OF YEARS: \_\_\_\_\_ GRADUATED: \_\_\_\_\_ DEGREES: \_\_\_\_\_

MAJOR SUBJECT OF SPECIALIZATION: \_\_\_\_\_

COMMUNITY COLLEGE ATTENDED AND LOCATION: \_\_\_\_\_

\_\_\_\_\_

NUMBER OF YEARS: \_\_\_\_\_ GRADUATED: \_\_\_\_\_ DEGREES: \_\_\_\_\_

MAJOR SUBJECT OF SPECIALIZATION: \_\_\_\_\_

OTHER EDUCATIONAL TRAINING COURSES: \_\_\_\_\_

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## SKILLS/APTITUDE

## YEARS OF EXPERIENCE

## WORDS PER MINUTE

TYPING SHORTHAND: \_\_\_\_\_

LIST SECRETARIAL TRAINING COURSES COMPLETED AND ANY OTHER TRAINING WHICH MAY BE HELPFUL IN CONSIDERING YOUR APPLICATION.

\_\_\_\_\_

## EMPLOYMENT

1. NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ DEPT. \_\_\_\_\_ YOUR POSITION: \_\_\_\_\_

DUTIES: \_\_\_\_\_

NAME AND POSITION OF SUPERVISOR: \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ DATE TERMINATED \_\_\_\_\_ START/FINAL SALARY \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**2. NAME OF EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_ **DEPT.** \_\_\_\_\_ **YOUR POSITION:** \_\_\_\_\_

**DUTIES:** \_\_\_\_\_

**NAME AND POSITION OF SUPERVISOR:** \_\_\_\_\_

**DATE EMPLOYED** \_\_\_\_\_ **DATE TERMINATED** \_\_\_\_\_ **START/FINAL SALARY** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**3. NAME OF EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_ **DEPT.** \_\_\_\_\_ **YOUR POSITION:** \_\_\_\_\_

**DUTIES:** \_\_\_\_\_

**NAME AND POSITION OF SUPERVISOR:** \_\_\_\_\_

**DATE EMPLOYED** \_\_\_\_\_ **DATE TERMINATED** \_\_\_\_\_ **START/FINAL SALARY** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**MAY WE ASK YOUR PRESENT EMPLOYER FOR A REFERENCE:** \_\_\_\_\_

**DO YOU KNOW ANYONE IN THIS OFFICE:** \_\_\_\_\_

**ACTIVITIES/INTERESTS (STUDENT, PROFESSIONAL, COMMUNITY, ECT):** \_\_\_\_\_

**PUBLICATIONS, PATENTS AND THESIS SUBJECTS:** \_\_\_\_\_

LANGUAGES (SPOKEN, WRITTEN, READ) NOTE FLUENCY: \_\_\_\_\_

SPECIAL TALENTS: \_\_\_\_\_

MEDICAL: DO YOU AGREE TO TAKE A MEDICAL EXAM AT THE EXPENCE OF THE COMPANY RELATED TO THE ESSENTIAL REQUIREMENTS OF THE POSITION: \_\_\_\_\_

WE APPRICIATE YOUR INTEREST IN SEEKING EMPLOYMENT WITH US. PLEASE FEEL FREE TO MAKE ANY ADDITIONAL REMARKS IN THE SPACE PROVIDED BELOW OR ATTACH ANY ADDITIONAL INFORMATION THAT WOULD BE HELPFUL IN EVALUTATING YOUR QUALIFICATIONS.

ADDITIONAL REMARKS: \_\_\_\_\_

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ANSERS GIVEN TO ME TO THE FOREGOING QUESTIONS AND ALL STATEMENTS MADE BY ME IN THE APPLICATION ARE CORRECT.

IF EMPLOYED, I AGREE THAT ALL MATERIAL CREATED AND PRODUCED WHETHER IN WRITTEN, GRAPHIC, OR BROADCASTING FORM, ALL INVENTIONS NEW OR CHANGES IN PROCESSES DEVELOPED DURING MY EMPLOYMENT ARE THE EXCLUSIVE PROPERTY OF THE COMPANY TO USE AND OR SELL AND THAT SUBSEQUENT TO MY EMPLOYMENT WITH THIS COMPANY I WILL NOT DISCLOSE, USE OR REVEAL AND CONFIDENTIAL INFORMATION RELATED TO THE COMPANY WITHOUT FIRST OBTAINING WRITTEN CONSENT FROM AN OFFICER OF THIS COMPANY.

I HEREBY APPLY FOR EMPLOYMENT UPON THE BASIS AND UNDERSTANDING THAT SUCH MAY BE TERMINATED AT ANY TIME UPON NOTICE GIVEN TO ME PERSONALLY OR SENT TO MY LAST KNOWN ADDRESS.

I CONSENT TO U.S. COLLECTIONS WEST, INC OBTAINING PERSONAL AND JOB RELATED INFORMATION AS REQUIRED IN CONNECTION WITH THIS.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE