



# Arizona Department of Veterans' Services

## Veteran Toolkit Application



Please ensure all fields of the application are complete. In addition to the application please provide a detailed list of the items you are requesting for employment to include: Item description, color, size, quantity and any other special instructions to ensure accuracy of the order. All approved items will be shipped directly to the address in the Applicant Information field. For questions pertaining to your order please contact: [shane@azhousingcoalition.org](mailto:shane@azhousingcoalition.org) and/or [joan@azhousingcoalition.org](mailto:joan@azhousingcoalition.org)

### Applicant Information

Full Name: \_\_\_\_\_ AJC PID: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

### Potential Employer

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Projected Start Date: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Education Level (High School, GED, Associates, BA/BS, Masters, PhD): \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand that false or misleading information in my application or interview may prevent me from using the Veteran Toolkit Program in the future.*

Veteran Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Internal Use

Approver Name: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Items Approved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_