



EMPLOYMENT APPLICATION

The Pinetop-Lakeside Sanitary District is an EQUAL OPPORTUNITY EMPLOYER. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

PLEASE PRINT

Position applying for: _____ Date of application: _____

How did you learn about us?

☐ Advertisement ☐ Employment Agency ☐ Internet ☐ Walk-in ☐ Other _____

Last Name *First Name* *Middle Initial*

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail address: _____

Have you ever filed an application with the Sanitary District? If yes, when _____ ☐ Yes ☐ No

Have you ever been employed with the Sanitary District? If yes, when _____ ☐ Yes ☐ No

Are you legally eligible to be employed in this country? ☐ Yes ☐ No
(Proof of eligibility is required)

Are you currently employed? ☐ Yes ☐ No

May we contact your current employer? ☐ Yes ☐ No

Are you currently on lay-off status and subject to recall? ☐ Yes ☐ No

Are you available to travel if the position requires it? ☐ Yes ☐ No

Are you available to work: ☐ Full time ☐ Part time

On what day would you be available to start work: _____

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No
(Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain: _____

Do you have a current Commercial Drivers License (CDL) issued in the State of Arizona? ☐ Yes ☐ No

If yes, please provide type of endorsements: _____

EMPLOYMENT HISTORY

List your most recent employment first, continuing with your employment history for the past 10 years and include any military service and volunteer activities. You may use additional sheets of paper if necessary.

Employer _____ Telephone Number _____
Address _____ City: _____ State: _____ Zip: _____
Dates employed _____ to _____ Starting salary at \$ _____ per _____ Ending \$ _____ per _____
Job Title _____ Supervisor's Name and Title _____
Work Performed _____
Reason for leaving _____

Employer _____ Telephone Number _____
Address _____ City: _____ State: _____ Zip: _____
Dates employed _____ to _____ Starting salary at \$ _____ per _____ Ending \$ _____ per _____
Job Title _____ Supervisor's Name and Title _____
Work Performed _____
Reason for leaving _____

Employer _____ Telephone Number _____
Address _____ City: _____ State: _____ Zip: _____
Dates employed _____ to _____ Starting salary at \$ _____ per _____ Ending \$ _____ per _____
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Employer _____ Telephone Number _____
Address _____ City: _____ State: _____ Zip: _____
Dates employed _____ to _____ Starting salary at \$ _____ per _____ Ending \$ _____ per _____
Job Title _____ Supervisor's Name and Title _____
Work Performed _____
Reason for leaving _____

EDUCATIONAL BACKGROUND

List schools attended starting with high school including address, course of study, years completed and any degrees or diplomas.

SKILLS AND QUALIFICATIONS

List special job-related skills, specialized training, military training, types of equipment you are qualified to operate.

List types of computer software you are qualified to operate.

List professional licenses or certifications.

List any additional skills, foreign languages or other abilities you would like considered for this position.

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

REFERENCES

<i>Name</i>	<i>Telephone number</i>	<i>Years known</i>
<i>Name</i>	<i>Telephone number</i>	<i>Years known</i>

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize inquiry of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that if I am hired, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed written document.

I understand that any job offer, or my continued employment if hired (within the guidelines of the American Disability Act), is contingent upon all the essential job functions, with or without accommodation.

I further understand that upon receiving a job offer a drug screening will be required, and that I will be required to provide proof of identify and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

By signing below, I acknowledge acceptance of the above statement.

Signature of Applicant

Date