FOUNTAIN HILLS SANITARY DISTRICT
16941 E. Pepperwood Circle
Fountain Hills, AZ 85268-2901
(480) 837-9444

Fountain Hills Sanitary District is an Equal Opportunity Employer & Service Provider

EMPLOYMENT APPLICATION
(Please Print or Type)

Applicants for all positions are considered without regard to race, creed, color, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

POSITION APPLYING FOR:

Position Title: _____ Date: _____/_____/_____

How did you learn about this opening?   Advertisement   Friend   Walk-in   Relative   Other

PERSONAL INFORMATION:

Full Name: _____

Are you under age 18? [ ] Yes   [ ] No   Social Security Number: _____/_____/_____

Mailing Address: _____ City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

CURRENT EMPLOYMENT STATUS:

Are you currently employed?   [ ] Yes [ ] No

May we contact your present employer?   [ ] Yes [ ] No

Are you legally eligible for employment in the USA   [ ] Yes [ ] No

(Proof of citizenship or immigration status will be required upon employment)

AVAILABILITY:

Check which boxes apply: [ ] Full Time [ ] Part Time [ ] Shift Work [ ] Temporary

If your application is considered favorable, what date would you be available for work? ___/___/___

Can you travel if a job requires it?   [ ] Yes [ ] No

ADDITIONAL INFORMATION:

Have you filed an application with Fountain Hills Sanitary District in the past?   [ ] Yes [ ] No

If Yes, give date and position applied for: _____

Have you ever been employed with Fountain Hills Sanitary District?   [ ] Yes [ ] No
If Yes, give date and position held: _____

Have you ever been convicted of a felony?   [ ] Yes [ ] No

(Conviction will not necessarily disqualify an applicant from employment)
If YES, please explain: _____

EDUCATION AND ADDITIONAL INFORMATION

	NAME/ADDRESS	COURSE OF STUDY	# YEARS	DEGREE
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, OR OTHER SKILLS YOU FEEL WOULD ESPECIALLY FIT YOU TO WORK WITH FOUNTAIN HILLS SANITARY DISTRICT:

_____

_____

_____

_____

_____

_____

SUMMARIZE SPECIAL JOB RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE:

_____

_____

_____

_____

_____

_____

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

_____

_____

_____

_____

_____

_____

EMPLOYMENT HISTORY

EMPLOYER	DATE EMPLOYED	DUTIES
_____ __ ADDRESS _____ __ _____ TELEPHONE NUMBER _____ __ _____ _____ JOB TITLE _____ _____ SUPERVISOR _____ _____ _ _____ REASON FOR LEAVING _ _____ _____ _____ _____	To:_____ From:_____ WAGES/SALARY To:_____ From:___ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

EMPLOYER	DATE EMPLOYED	DUTIES
_____ _____ _____ __ ADDRESS _____ __ _____ TELEPHONE NUMBER _____ __ _____ _____ JOB TITLE _____ ___ _____ SUPERVISOR _____ _____ _ _____ REASON FOR LEAVING _ _____ _____ _____ _____	To:_____ From:_____ WAGES/SALARY To:_____ From:___ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

EMPLOYER	DATE EMPLOYED	DUTIES
_____ _____ _____ __ ADDRESS _____ __ _____ TELEPHONE NUMBER _____ _____ _____ JOB TITLE _____ ___ _____ SUPERVISOR _____ _____ _ _____ REASON FOR LEAVING _ _____ _____ _____ _____	To:_____ From:_____ WAGES/SALARY To:_____ From:___ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

EMPLOYER	DATE EMPLOYED	DUTIES
_____ _____ _____ __ ADDRESS _____ __ _____ TELEPHONE NUMBER _____ __ _____ _____ JOB TITLE _____ ___ _____ SUPERVISOR _____ _____ _ _____ REASON FOR LEAVING _ _____ _____ _____ _____	To:_____ From:_____ WAGES/SALARY To:_____ From:___ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Have you ever had any job-related training in the United States military?   Yes   No

If yes, please describe: _____

_____

ADDITIONAL INFORMATION

REFERENCES:
NAME   RELATIONSHIP   PHONE #

_____

_____

_____

_____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

[ ] Yes   [ ] No

I certify that answers given herein are true and complete to the best of my knowledge and understand all answers must be true and complete to the best of my knowledge to be considered for employment, which consideration is a privilege or benefit.

I authorize investigation of all statements contained in or related to this application for employment. I understand all answers given herein are made to Fountain Hills Sanitary District, it's agents and public servants reviewing this application and authorize disclosure of information contained in the application or discovered by investigation to Fountain Hills Sanitary District and my employing officer, agency or department and as otherwise provided by law.

In the event of employment, I understand that falsification, misrepresentation, and/or omission on my application or interviews may result in discharge.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will"* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this *"at will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand, also, that in the event of employment, I am required to abide by all lawful rules and regulations of Fountain Hills Sanitary District and my employing officer, agency, or department.

_____/_____/_____   _____
DATE   APPLICANT'S SIGNATURE

EMPLOYMENT APPLICANT'S
AUTHORIZATION FOR BACKGROUND INVESTIGATION
AND RELEASE FROM LIABILITY

I, _____, hereby authorize Fountain Hills Sanitary District, its Officers, employees, or agents, to investigate my background, including but not limited to, my employment, criminal and academic history and my credentials. I further authorize any present or former employer, college, university, school, person or legal entity, its officers, employees or agents, concerning any information, records, files or opinions they may have regarding my present or past employment or academic histories, including, but not limited to, my ability to work with other, reputation for honest, disciplinary actions, work habits and performance.

I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, Fountain Hills Sanitary District, its officer, employees and agents, as well as any present or former employer, college, university, school, person or legal entity, its officers, agents or employees for any statements, acts, or omissions made in the course of the investigation.

This release from liability shall apply to any right of action that might accrue to myself, my heirs, assigns and personal representatives.

A photo copy of this document shall have the same effect as the original.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE AND AGREE TO ITS CONTENTS AS STATED.

_____   _____/_____/_____
Signature of Applicant   Date

_____
Applicant's Printed Name