

Arizona City Sanitary District
 12922 S Kashmir Rd
 PO Box 2377
 Arizona City, AZ 85123



Application for Employment

The Arizona City Sanitary District is an equal opportunity employer and does not discriminate against any employee or applicant for employment because of race, color, religion, national origin, age, disability, or any other reason prohibited under Federal, State, or local laws. We base all hiring decisions on merit alone. Additionally, The Arizona City Sanitary District is a drug free workplace. All jobs are conditional based on passing a pre-employment C.D.L. physical, controlled substance, and alcohol tests.

Please read the following tips to ensure your application gets the consideration it deserves.

- Carefully review the Job Announcement to guide you in describing your experience and to be sure that you meet the requirements of the position.
- Your experience, and the way you describe it on this application as it relates to the position you apply for is important.
- Be prepared to provide documentation (by mail or in person, of education, licenses, certificates, training and veteran’s eligibility as instructed on the job announcement when you submit your application.)
- Answer **ALL** questions completely and be sure to sign the application.

Please type or print. This application must be legible and fully completed for consideration.
Resumes may not be substituted for the requested information.

Which position are you applying for?	Date:
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Contact Information

Name (Last, First, Middle):	(Last)	(First)	(Middle)
Mailing Address:			
City:	State:	Zip Code:	
Home Phone Number: () When is the best time to call?		Work Phone Number: () May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

How did you hear about us?

Newspaper
 Which paper: _____

District Website

Referred by District Employee

Other (Please List)

General Information

Have you ever been employed by the Arizona City Sanitary District? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, for which department did you work?	Dates of prior District employment: From: _____ To: _____
Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date available to start work?
Do any of your immediate family members (by blood or marriage) currently work for the District? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ Relation: _____ <i>If yes, not necessarily disqualifying, but will be considered individually and should be explained fully.</i>	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of U.S. Citizenship or Immigration Status will be required upon employment.</i>	
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No License #: _____ Class: _____ State: _____ Expiration Date: _____	
Have you ever been dismissed from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	

Educational Background

Please indicate the highest level of education you have completed:			
High School: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			
Years of College: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
Graduate School: <input type="checkbox"/> Yes <input type="checkbox"/> No			
SCHOOL NAME ▪ High School ▪ College/University ▪ Trade School	CITY/STATE	DEGREE/DIPLOMA RECEIVED OR #OF CREDITS COMPLETED	MAJOR

Foreign Languages

Are you fluent in any foreign languages?			
LANGUAGE:	SPEAK Y/N	READ Y/N	WRITE Y/N
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Job Related Certificates

CERTIFICATE NAME:	DATE ACQUIRED:	STATUS: CURRENT/VOID

Employment History

- List employment history, military, volunteer experience for the **last ten years** beginning with your most recent employment. **If more space is required, fill out a blank sheet of paper.**
- Please include any relevant experience prior to the last ten years as it relates to this position.
- Note: Your experience and the way you describe it on this application as it relates to the position you apply for is important.
- **Do not write “See Resume” in the spaces below instead of completing the following employment information.** You may attach your resume to supplement the information you provide here.

CURRENT EMPLOYER		Please summarize your job responsibilities:		
Employer Name				
Street Address				
City, State				
Zip Code				
Job Title				
Dates Employed			From:	To:
Starting Salary			\$	(CHECK ONE)
Ending Salary			\$	<input type="checkbox"/> Hourly
				<input type="checkbox"/> Monthly
				<input type="checkbox"/> Annually
Supervisor’s Name				
Employment Verification Contact				
Telephone Number				
Reason for leaving				
May we contact your employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

PREVIOUS EMPLOYER		Please summarize your job responsibilities:		
Employer Name				
Street Address				
City, State				
Zip Code				
Job Title				
Dates Employed			From:	To:
Starting Salary			\$	(CHECK ONE)
Ending Salary			\$	<input type="checkbox"/> Hourly
				<input type="checkbox"/> Monthly
				<input type="checkbox"/> Annually
Supervisor’s Name				

Employment Verification Contact		
Telephone Number		
Reason for leaving		
May we contact your employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS EMPLOYER		Please summarize your job responsibilities:		
Employer Name				
Street Address				
City, State				
Zip Code				
Job Title				
Dates Employed			From:	To:
Starting Salary			\$	(CHECK ONE)
Ending Salary			\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Supervisor's Name				
Employment Verification Contact				
Telephone Number				
Reason for leaving				
May we contact your employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS EMPLOYER		Please summarize your job responsibilities:		
Employer Name				
Street Address				
City, State				
Zip Code				
Job Title				
Dates Employed			From:	To:
Starting Salary			\$	(CHECK ONE)
Ending Salary			\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Supervisor's Name				
Employment Verification Contact				
Telephone Number				

Reason for leaving		
May we contact your employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS EMPLOYER		Please summarize your job responsibilities:	
Employer Name			
Street Address			
City, State			
Zip Code			
Job Title			
Dates Employed	From:	To:	
Starting Salary	\$	(CHECK ONE)	
Ending Salary	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Supervisor's Name			
Employment Verification Contact			
Telephone Number			
Reason for leaving			
May we contact your employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If you need additional space, please continue on a separate sheet of paper.

COMMENT SECTION (INCLUDE EXPLANATIONS OF GAPS IN EMPLOYMENT)

Professional References

List the name and telephone number of three professional references who are not related to you.			
NAME:	ADDRESS:	TELEPHONE NUMBER:	YEARS KNOWN:
		()	
		()	
		()	

Special Skills and Qualifications

Typing Speed?	WPM:
Software programs you are proficient in using?	
Special accomplishments, publications, awards you have received, and professional groups of which you are or have been a member?	
Any additional information you would like us to consider?	

Criminal and/or Traffic Violation Convictions History

This section pertains to information regarding criminal convictions and traffic violation convictions. The District highly values integrity; it is essential that you be honest and truthful. Be very careful in completing this section as the District will verify this information through the pre-employment process should you be extended a conditional offer of employment.

The information disclosed in this section will not necessarily bar you from further consideration. However, if you have an existing Ignition Interlock Device (IID) requirement and driving is a requirement of the position, the District will not consider you for employment.

A. Criminal Convictions

Since your 18th birthday, have you been convicted (found guilty, plead guilty or no contest) of any criminal offense? No Yes

Applicants are not required to report convictions that have been expunged or sealed by a court of law.

A criminal conviction includes any misdemeanors and felonies (i.e. assault, burglary, disorderly conduct, domestic violence, drug-related convictions, Driving Under the Influence (DUI); Driving While Intoxicated (DWI), failure to appear in court, larceny, shoplifting, trespassing, etc.) Such convictions may have resulted in a fine(s), community service, probation or jail/prison time.

Offense	Approximate Date (Month/Year)
_____	_____
_____	_____
_____	_____

B. Traffic Violation Convictions

Within the past five years, have you been found responsible for, plead no contest to, or admitted responsibility for any traffic violations? No Yes

Traffic violations may include, but are not limited to: Driving Under the Influence (DUI); Driving While Intoxicated (DWI); failure to: yield, stop at a stop sign or red light, appear in court; driving on a suspended or revoked license, no proof of insurance/registration, reckless driving, speeding, etc. Such violations may

have resulted in citations, community service, fine(s), revocation/suspension of license, traffic survival school requirements, etc.

Offense

Approximate Date (Month/Year)

_____	_____
_____	_____
_____	_____

C. Ignition Interlock Device (IID) Requirement

Do you currently have an IID requirement on your personal vehicle as a result of a DUI conviction?

No Yes

IF YES, please indicate the effective and expiration date of the IID requirement in the space provided below.

Effective Date _____

Expiration Date _____

NOTICE: All documents submitted to the District (including, but not limited to, licenses, certifications, and diplomas), become property of the District upon submission, and will not be returned to the applicant. Please DO NOT submit original documents. The District will not be responsible for the loss and/or destruction of any submitted materials.

Certification of Applicant: (Read all your answers carefully before signing below)

I certify that all information on this application form is complete and accurate. I understand that any omissions or misstatements of facts are cause for rejecting my application or, if I am hired, termination of employment. I also authorize the District to make all necessary and appropriate investigations to verify the appropriate information provided in this application and to secure additional job-related information about me. I understand that this application is not an employment contract. Any applicant requiring accommodation for a disability should advise the District. I have read the job description for which I am applying and can perform the essential functions of the position with or without accommodations. If accommodations are needed, it is my responsibility to notify to District prior to accepting a job offer.

Signature of Applicant:

Date:
