



Fountain Hills Sanitary District

16941 E. Pepperwood Circle
Fountain Hills, AZ 85268-2901
480-837-9444

EMPLOYMENT APPLICATION

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.

POSTION APPLYING FOR: _____

How did you learn about this opening? Job Posting Website Friend/ Relative

FHSD Website Other _____

PERSONAL INFORMATION:

Full Name: _____

Are you under age 18? Yes No

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: Full time Part time

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 applied to the Fountain Hills Sanitary District in the past? Yes No

If yes, provide date and position applied for: _____

Have you ever been employed with Fountain Hills Sanitary District? Yes No

If yes, provide dates and position held: _____

EDUCATION:

School Name	Location	Number of years attended	Degree Received	Major

EMPLOYMENT HISTORY				(LIST PRESENT OR MOST RECENT POSITIONS FIRST)			
Company:				Phone:			
Address:				Name and position of supervisor:			
Job Title:							
Job Duties:							
Starting pay \$_____		Ending Pay \$_____		Hour		Salary	
Start date: _____				End date: _____			
Reason for leaving: _____							
May we contact your previous supervisor for a reference?				Yes		No	
EMPLOYMENT HISTORY							
Company:				Phone:			
Address:				Name and position of supervisor:			
Job Title:							
Job Duties:							
Starting pay \$_____		Ending Pay \$_____		Hour		Salary	
Start date: _____				End date: _____			
Reason for leaving: _____							
May we contact your previous supervisor for a reference?				Yes		No	
EMPLOYMENT HISTORY							
Company:				Phone:			
Address:				Name and position of supervisor:			
Job Title:							
Job Duties:							
Starting pay \$_____		Ending Pay \$_____		Hour		Salary	
Start date: _____				End date: _____			
Reason for leaving: _____							
May we contact your previous supervisor for a reference?				Yes		No	
Have you had any job-related training in the United States Military?							
Yes No							
If yes, please describe: _____							

Describe any specialized training, apprenticeship or other skills you feel would be pertinent to working at Fountain Hills Sanitary District:

Summarize special job-related skills and qualifications acquired from employment or other experience:

State any additional information you feel maybe helpful to us in considering your application:

ADDITIONAL INFORMATION:

Reference Name:

Relationship:

Phone #:

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 the 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 the Fountain Hills Sanitary District and my employing officer, 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 the 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 the Fountain Hills Sanitary District and my employing officer, or department.

Date

Applicant's Signature

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

I, _____, hereby authorize the 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 others, reputation for honesty, 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 photocopy 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