



BUCKSKIN SANITARY DISTRICT

P O Box 5398
Parker, AZ 85344
(928)667-7197

Buckskin 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: ____/____/____

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 as many boxes as 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 Buckskin Sanitary District in the past? Yes No

If YES, give date and position applied for: _____

Have you been convicted of a felony within the past seven (7) years? Yes No

(Conviction will not necessarily disqualify an applicant from employment)

if YES, please explain: _____

EMPLOYMENT HISTORY (Complete in full for the past ten (10) years or attach Resume)

EMPLOYER	DATE EMPLOYED	DUTIES
_____	_____	_____
ADDRESS	_____	_____
_____		_____
TELEPHONE NUMBER		_____
_____		_____
JOB TITLE	WAGES/SALARY	_____
_____	_____	_____
SUPERVISOR		_____
_____		_____
REASON FOR LEAVING		_____
_____		_____

EMPLOYER	DATE EMPLOYED	DUTIES
_____	_____	_____
ADDRESS	_____	_____
_____		_____
TELEPHONE NUMBER		_____
_____		_____
JOB TITLE	WAGES/SALARY	_____
_____	_____	_____
SUPERVISOR		_____
_____		_____
REASON FOR LEAVING		_____
_____		_____

EMPLOYER	DATE EMPLOYED	DUTIES
_____	_____	_____
ADDRESS	_____	_____
_____		_____
TELEPHONE NUMBER		_____
_____		_____
JOB TITLE	WAGES/SALARY	_____
_____	_____	_____
SUPERVISOR		_____
_____		_____
REASON FOR LEAVING		_____
_____		_____

EMPLOYER	DATE EMPLOYED	DUTIES
_____	_____	_____
ADDRESS	_____	_____
_____		_____
TELEPHONE NUMBER		_____
_____		_____
JOB TITLE	WAGES/SALARY	_____
_____	_____	_____
SUPERVISOR		_____
_____		_____
REASON FOR LEAVING		_____
_____		_____

EDUCATION AND ADDITIONAL INFORMATION

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

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, OR OTHER SKILLS YOU FEEL WOULD ESPECIALLY FIT YOU TO WORK WITH US:

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

I, _____, hereby authorize Buckskin 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, Buckskin 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

**EMPLOYMENT APPLICANT'S
AUTHORIZATION FOR PRE-EMPLOYMENT DRUG
SCREENING TESTING**

I, _____, hereby understand that Buckskin Sanitary District requires all applicants accepted for employment to pass a drug test as part of the application process and I authorize the testing agency to provide the results of such tests to the employer.

Buckskin Sanitary District is firmly committed to maintaining a drug-free workplace and has a responsibility to provide a safe environment for employees and to prevent injuries to the general public. Therefore, reporting to work under the influence of or working while impaired by alcohol or unprescribed or illegal narcotics or drugs, or using, possessing, buying or selling unprescribed or illegal narcotics or drugs is prohibited. Consistent with this objective, Buckskin Sanitary District requires all applicants accepted for employment to pass a drug test as part of our application process.

All offers of employment are contingent upon satisfactory results of this drug screening test.

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

I HAVE READ AND FULLY UNDERSTAND THE REQUIREMENTS ABOVE AND CONSENT TO THE REQUIREMENT OF A DRUG SCREENING TEST AND AGREE TO THE CONTENTS AS STATED ABOVE.

Signature of Applicant

_____/_____/_____
Date

Applicant's Printed Name