



PINE-STRAWBERRY WATER IMPROVEMENT DISTRICT

Last Name	First Name	Middle Int.	Today's Date
Other name(s) under which you have been employed or attended school			
Home phone number	Business phone number	Cell phone number	
Preferred number to be contacted	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If under 18, your age:		
Email address			
Current mailing address Street		City	State Zip
Permanent mailing address (if different from above) Street		City	State Zip
Position applied for		Type of employment desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Date available for employment	Are you authorized to work in this country on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you previously been employed by PSWID? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you have been previously employed by PSWID, please provide: Dates of Service Position Held Town Department			
Are you related to any PSWID employee or elected official? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate who, relationship, and their position:			

Education

High School	City	State	Graduate?	Major	Degree
Name			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> GED <input type="checkbox"/> Diploma	
Technical/Vocational School					
Name			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
College or University					
Name			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Graduate School					
Name			<input type="checkbox"/> Yes <input type="checkbox"/> No		

List your professional studies, licenses/certifications, memberships, designations or other activities related to this job that you feel we should know about when considering your application. Do not include any information which would indicate race, color, national origin, religion, sex, or disability status.

Languages Other Than English			
	Read?	Speak?	Write?
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Computer Language/Tools

Please indicate software on which you have training or experience:

Driving and Criminal Conviction Records

Driving Record

Your driving record will be considered when driving for PSWID is a requirement of your position.

Current drivers' license number	Class	State

Criminal Convictions

Have you ever been convicted of a misdemeanor or felony (other than minor/civil traffic offense), placed on probation, fined or given a suspended sentence (including military trial convictions and including convictions expunged or set aside)? Note that reckless operation, hit-and-run, D.U.I., excessive speeding, and similar charges are NOT considered minor traffic offenses. ☐ Yes ☐ No

IMPORTANT NOTE: PSWID conducts post-offer criminal background checks which includes both the Arizona DPS and the national FBI databases. Full disclosure on this question is of great importance. A criminal conviction will not necessarily disqualify you from Town employment. The relationship of the conviction to the position, as well as the nature and severity of the conviction, the passage of time, and subsequent job history/performance will all be considered.

If you answered yes to the question above, please give details below (attached additional page if necessary)

Date of Conviction	Court Location	Nature of conviction

Employment History (provide at least 10 years of history)

Current Or Last Employer				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of employer		Business phone		Hire date	
Termination date					
City		State			
Supervisor name		Supervisor title		Supervisor phone	
Starting position title		Starting position pay		Current/last position title	
Current/ending pay					
Reason for leaving:					
Describe position duties:					
Former Employers					
<i>2) Name of employer</i>		Business phone		Hire date	
Termination date					
City		State			
Supervisor name		Supervisor title		Supervisor phone	
Starting position title		Starting position pay		Ending position title	
Ending position pay					
Reason for leaving:					
Describe position duties:					
<i>3) Name of employer</i>		Business phone		Hire date	
Termination date					
City		State			
Supervisor name		Supervisor title		Supervisor phone	

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Starting position title	Starting position pay	Ending position title	Ending position pay
Reason for leaving:			
Describe position duties:			
4) <i>Name of employer</i>	Business phone	Hire date	Term date
City	State		
Supervisor name	Supervisor title		Supervisor phone
Starting position title	Starting position pay	Ending position title	Ending position pay
Reason for leaving:			
Describe position duties:			

Applicant's Certification and Agreement

I certify that the information provided in this Employment Application is true and complete. I understand that if I am employed, material omissions, false or misleading statements on this application shall be sufficient grounds for disqualification from consideration or dismissal from employment. I understand and agree that no employee or director has the authority to promise me employment for any specified period of time. I understand that any employment will be governed by the policies and procedures of PSWID in effect at that time. I further understand that candidates for employment in specifically designated classifications are required to submit to and pass a drug test as a condition of employment, and that PSWID complies with the Legal Arizona Workers Act and participates in the Employment Eligibility Verification process through the Social Security Administration and Department of Homeland Security databases to establish eligibility for employment in the United States.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby consent to and authorize the release of the following information, wherever situated, in connection with my application with PSWID.

- 1) All personnel and employment records including, but not limited to, military records, as well as the records of any disciplinary actions and related investigative reports, if any, which are contained therein.
- 2) All court records and criminal history records located in any local, state or federal court or maintained in the files or electronic databases of any local, state or federal law-enforcement agency or information repository.
- 3) All motor vehicle and driver license records maintained in the files or electronic databases of any local, state or federal motor vehicle or driver licensing agency.
- 4)

WAIVER OF CLAIMS

In consideration of the benefits I may realize from my application for employment with PSWID, I hereby agree to indemnify, hold harmless, release and forever discharge PSWID, its employees, contractors and agents together with any person whomsoever who receives, releases or otherwise provides or communicates information about me pursuant to this authorization from all claims, actions, suits, legal proceedings and liability of any nature whatsoever, whether in law or equity arising from the release of such information or from its use.

Printed Name of Applicant _____ Date _____

Applicant Signature: _____

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Fax: (928) 476-4224