

Last Name	First Name	Middle In	t. Today's D	ate		
Other name(s) under which you have been employed or attended school						
Home phone number		Business phone numb	per	Cell phone number		
Preferred number to be contacted		Are you 18 years of age or older? Yes No If under 18, your age:				
Email address						
Current mailing address						
Street	C	City	State	Zip		
Permanent mailing address (if different fro	om above)					
Street	C	City	State	Zip		
Position applied for		Type of employment desired				
	C	_ Full Time [] Part Time	Temporary		
	Are you authorized to w	vork in this country or	an unrestricted	basis?		
Have you previously been employed by P	SWID?					
If you have been previously employed by	PSWID, please provide:	<u>c</u>				
Dates of Service	Position Held	Т	own Departmen	ıt		
Are you related to any PSWID employee	or elected official?					
Yes No If Yes, indicate who, relationship, and their position:						

Education

High School	City	State	Graduat e?	Major	Degree
Name			☐ Yes ☐ No	☐ GED ☐ Diploma	N/A
Technical/Vocational School					
Name			☐ Yes ☐ No		
College or University					
Name			☐ Yes ☐ No		
Graduate School					
Name			□ Yes □ 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?
	Yes	Yes	Yes
	🗌 No	🗌 No	🗌 No

Computer Language/Tools

Please indicate software on which you have training or experience:

Driving and Criminal Conviction Records

riving 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.						
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						

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Employment History (provide at least 10 years of history)

Current Or Last Employer May w	May we contact this employer? 🔲 Yes 🗌 No						
Name of employer	Busine	ss phone		Hire date		Termination date	
0.1	044						
City	City State						
Supervisor name	Superv	isor title Supervisor			phone		
					·		
Starting position title	Starting position	n pay Current/last position title			Current/ending pay		
Reason for leaving:							
Describe position duties:							
Former Employers							
2) Name of employer		Business	phone	Hire dat	te	Termination date	
City			State				
Supervisor name		Supervisor title			Supervisor phone		
				4:41 -			
Starting position title	Starting position		n pay Ending position title			Ending position pay	
Reason for leaving:							
Describe position duties:							
3) Name of employer		Business phone		Hire dat	te	Termination date	
City	4,,		State				
Supervisor name		Supervisor title			Supervisor phone		

Starting position title	Starting position pay		Ending position title		Ending position pay	
Reason for leaving:	1					
Describe position duties:						
4) Name of employer		Business p	hone	Hire date	Term date	
City		State				
Supervisor name	Superviso		∵visor 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. 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. 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. 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 ApplicantDate
Applicant Signature:
6306 W Hardscrabble Rd
P.O. Box 134
Pine Arizona 85544

P.O. Box 134 Pine, Arizona 85544 distman@pswid.org General Number: (928) 472-4222 Fax: (928) 476-4224