

# Oak Creek Water District

90 Oak Creek Blvd., Sedona, AZ 86336  
(928 282-3404

[www.oakcreekwater.org](http://www.oakcreekwater.org)

Position applied for:

## EMPLOYMENT APPLICATION

(Please answer all questions - print or type)

Last Name,	First Name,	Middle	Date	
List other names you have used:			Email	
Telephone: Home	Cell	Other	Preferred Contact Number	Home
		Cell		Other
Street Address		City	State	Zip
Mailing address (if different) P.O. Box		City	State	Zip
Driver's License No.	Expiration Date	Class	State	Are you currently employed?
Are you currently available to work? Full Time Part Time Temporary				Are you over 18 years of age?
On what date would you be available to work?				If under 18 years of age can you provide proof of your eligibility to work?
Pay rate desired \$		Do any of your relatives work for OCWC? Name: Relationship:		
Are you willing to work nights, weekends and holidays on an emergency on call basis?				
If hired, can you submit verification of your legal right to work in the United States?				
How did you first hear about this position?				

## EDUCATION

	High School / GED	Undergraduate College / University	Graduate / Professional College / University
School Name, location and phone			
Name of Diploma/ Degree Received			
Describe Course of Study / Major			
Describe any honors you have received			

## CERTIFICATIONS AND LICENSES

Issuing Authority	Certification / License
Issuing Authority	Certification / License
Issuing Authority	Certification / License
Issuing Authority	Certification / License

Indicate any languages other than English, that you can speak, read, and or write

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held:

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status:

Describe any specialized training, apprenticeship, skills and extra curricular activities:

List any job related skills relevant to the position you are applying for:

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

## EMPLOYMENT EXPERIENCE

Starting with your most recent employer, please list all jobs you have held within the last fifteen (15) years (longer if experience is relevant). Account for all periods of self-employment, part time, full time employment and/or unemployment. Include military experience if relevant to the position you are seeking. **This section must be filled out completely - a resume may be attached but is not a substitute for the information requested below.** You may attach additional pages if necessary.

Name of Employer		Type of Business	
Address		Telephone	
Job Title		Name of Supervisor & Title:	
Dates Employed (mm/yy) From / To		Starting Pay	Ending Pay
May we contact	Eligible for rehire?	Reason for leaving or desiring to leave	
Summarize the nature of work and job responsibilities:			

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Summarize the nature of work and job responsibilities:			

**REFERENCES**

Give name, address and telephone number of three references who are not related to you:			
Name	Occupation	Address and Telephone	Years known
Name	Occupation	Address and Telephone	Years known
Name	Occupation	Address and Telephone	Years known

**Do you have the physical and mental abilities to perform the tasks required of the position, with or without accommodation?**

If accommodation is necessary please describe below:

**List below all felonies, misdemeanors, and traffic citations (except parking and equipment violations) for which you were convicted or forfeited bail. Use back of page for additional space. The existence of a criminal conviction will not necessarily disqualify you for employment.**

Violation	Date	Place	Sentence / Fine
Violation	Date	Place	Sentence / Fine
Violation	Date	Place	Sentence / Fine

**APPLICATION FORM WAIVER**

I authorize investigation of all information provided during interviews, on this application, and resume - if attached. I certify that information provided is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

I understand that a physical examination (including drug and alcohol testing) from a medical physician of the District's choice, at the District's expense, is a part of the application process for employment with the District, and that a hiring decision may be based on the results of the physical examination (including drug and alcohol testing). I further authorize the physician or testing facility to release all test results conducted as part of the physical examination and other relevant medical information to the District. I understand that I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment. It is also understood that, upon hire, I will be required to furnish additional information as requested by the District.

I understand that I will be required to possess a current and valid Arizona driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment, compensation and benefits can be terminated, with or without cause, and with or without notice, at any time, at either my or the Company's option. I also understand and agree that the terms and conditions of my employment, compensation and benefits may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

**SIGNATURE**

**DATE**