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| C:\Users\LWaldschmidt\Dropbox\KVID\Images\Logos and Headers\KVID header Full.PNG EMPLOYMENT APPLICATIONYou may mail your application to the above address or e-mail your completed application to: jobs@kachinawater.com or Fax to: (928)525-2529 |
| **Completing and submitting this application form to the Kachina Village Improvement District is the first step in a successful hire. This application may be the very first impression we have of you, your skills and abilities. Print or type legibly. Applications must be received by 5:00 p.m. on the closing date of the position to be considered. It is necessary to complete one application form for each position for which you want to be considered. Additional pages of employment history, which include the same information specified in the Employment History Section, may be submitted. *You may attach a resume to enhance your qualifications contained herein.* To be notified regarding the status of your application, please complete the Job Status Notification Card on the Affirmative Action Form.** |
| **Do you need an accommodation in the application process due to a disability?** | **[ ]  YES** | **[ ]  NO** |
| **If YES, please describe the accommodation needed:**  |
| **POSITION APPLYING FOR:** |  |

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| PERSONAL INFORMATION |
| **FULL NAME:** |  |
| **MAILING ADDRESS:** |  |
| **CITY:** |  | **STATE:** |  | **ZIP CODE:** | **-**  |
| **HOME PHONE:** | **-****-** | **CELL PHONE:** | **-****-** | **OTHER PHONE:** | **-****-** |
| **E-MAIL ADDRESS (OPTIONAL):** |  | **THE BEST WAY TO CONTACT ME IS BY:** |  |
| **REFERRED BY:** |  |

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| GENERAL INFORMATION |
| **Do you have a valid driver’s license?** **[ ]  YES** **[ ]  NO** | **STATE ISSUED:** **EXPIRATION DATE:**  | **CLASS:** **LICENSE #:**  |
|  | **DRIVERS LICENSE ENDORSEMENT(S) YOU HAVE:**  |

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| HISTORY OF EDUCATION |
| **Did you receive a high school diploma or GED?** | **[ ]  YES** | **[ ]  NO** |
| **Name and location (City/State) of last high school attended:** |  |
| **You may be asked to provide transcripts of all college level course work.** |

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| COLLEGE / UNIVERSITY / BUSINESS / VOCATIONAL / TECHNICAL SCHOOL HISTORY |
| **NAME OF SCHOOL AND LOCATION** | **MAJOR SUBJECT OR COURSE** | **# OF CREDITS IN MAJOR** | **MINOR SUBJECT OR COURSE** | **# OF CREDITS IN MINOR** | **DEGREE OR CERTIFICATE EARNED** |
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| EMPLOYMENT HISTORY |
| **Indicate your experience in each position beginning with your present or most recent position. Even if you submit a resume you must still complete this section IN FULL. FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION WILL RESULT IN YOUR APPLICATION BEING DISQUALIFIED. Your experience and the way you describe it, as it pertains to the position you are seeking, determines whether or not you receive further consideration.**  |

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| **NAME OF EMPLOYER:** |  |
| **ADDRESS:** |  |
| **JOB TITLE:** |  |
| **START DATE:**  |  | **END DATE:** |  |
| **TOTAL MONTHS:**  |  | **HOURS PER WEEK:**  |  |
| **STARTING SALARY:** |  | **ENDING SALARY:** |  |
| **DESCRIPTION OF DUTIES:** |  |
| **NAME AND TITLE OF SUPERVISOR:** |  | **REASON FOR LEAVING:** |  |
| **MAY WE CONTACT THIS EMPLOYER?** | **[ ]  YES** **[ ]  NO** | **IF YES, PROVIDE PHONE #** | **-****-** |
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| **NAME OF EMPLOYER:** |  |
| **ADDRESS:** |  |
| **JOB TITLE:** |  |
| **START DATE:**  |  | **END DATE:** |  |
| **TOTAL MONTHS:**  |  | **HOURS PER WEEK:**  |  |
| **STARTING SALARY:** |  | **ENDING SALARY:** |  |
| **DESCRIPTION OF DUTIES:** |  |
| **NAME AND TITLE OF SUPERVISOR:** |  | **REASON FOR LEAVING:** |  |
| **SUPERVISOR PHONE #** | **-     -** |
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| **NAME OF EMPLOYER:** |  |
| **ADDRESS:** |  |
| **JOB TITLE:** |  |
| **START DATE:**  |  | **END DATE:** |  |
| **TOTAL MONTHS:**  |  | **HOURS PER WEEK:**  |  |
| **STARTING SALARY:** |  | **ENDING SALARY:** |  |
| **DESCRIPTION OF DUTIES:** |  |
| **NAME AND TITLE OF SUPERVISOR:** |  | **REASON FOR LEAVING:** |  |
| **SUPERVISOR PHONE #** | **-     -** |
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| **NAME OF EMPLOYER:** |  |
| **ADDRESS:** |  |
| **JOB TITLE:** |  |
| **START DATE:**  |  | **END DATE:** |  |
| **TOTAL MONTHS:**  |  | **HOURS PER WEEK:**  |  |
| **STARTING SALARY:** |  | **ENDING SALARY:** |  |
| **DESCRIPTION OF DUTIES:** |  |
| **NAME AND TITLE OF SUPERVISOR:** |  | **REASON FOR LEAVING:** |  |
| **SUPERVISOR PHONE #** | **-     -** |
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| **NAME OF EMPLOYER:** |  |
| **ADDRESS:** |  |
| **JOB TITLE:** |  |
| **START DATE:**  |  | **END DATE:** |  |
| **TOTAL MONTHS:**  |  | **HOURS PER WEEK:**  |  |
| **STARTING SALARY:** |  | **ENDING SALARY:** |  |
| **DESCRIPTION OF DUTIES:** |  |
| **NAME AND TITLE OF SUPERVISOR:** |  | **REASON FOR LEAVING:** |  |
| **SUPERVISOR PHONE #** | **-     -** |
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| OFFICE SKILLS INFORMATION |
| **TYPING WPM:**  |  | **WORD PROCESSING WPM:** |  |
| **DICTATION:** | **[ ]  YES** **[ ]  NO** | **METHOD:**  | **WPM:**  |

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| **LANGUAGES:**  | **SPEAK** | **READ** | **WRITE** | **TRANSLATE** |
| **ENGLISH** | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **SPANISH** | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **NAVAJO** | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **HOPI** | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **OTHER:**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |

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| **Specify the office equipment (copier, fax, etc) you can operate and years of experience** |
| **TYPE** | **YEARS EXPERIENCE** | **TYPE** | **YEARS EXPERIENCE** |
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| **Specify the computer equipment you can operate and years of experience** |
| **TYPE** | **YEARS EXPERIENCE** | **TYPE** | **YEARS EXPERIENCE** |
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| **Specify the computer software you can operate and years of experience** |
| **TYPE** | **YEARS EXPERIENCE** | **TYPE** | **YEARS EXPERIENCE** |
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| **Specify the other equipment or tools you can operate and years of experience** |
| **TYPE** | **YEARS EXPERIENCE** | **TYPE** | **YEARS EXPERIENCE** |
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| OTHER EXPERIENCE |
| **List any other experience, either volunteer or paid, which relates to the position for which you are applying.** |
| **DATE** | **COMPANY/ORGANIZATION** | **# HOURS/WEEK** | **JOB TITLE** | **DESCRIPTION OF DUTIES** |
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| OTHER INFORMATION |
| **List any other training, licenses or certifications which relate to the position for which you are applying.** |
| **TYPE OF PROFESSIONAL REGISTRATION, LICENSE AND/OR CERTIFICATION:** | **LICENSE NUMBER (IF APPLICABLE)** | **DATE RECEIVED** | **EXPIRATION DATE (IF APPLICABLE)** |
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| ADDITIONAL INFORMATION |
| **Please explain your reasons for applying for this position. Also, provide any additional information including your education, experience and other factors you feel make you a good candidate for the position.**  |
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| CONDITIONS OF EMPLOYMENT |
| PLEASE READ CAREFULLY BEFORE SIGNING |
| **A.R.S. 38-481states that it is unlawful for any executive officer of any county, the heads of the departments, officers and boards, holding office either by election or appointment, to appoint, vote to appoint, or supervise any person related to him/her by affinity or consanguinity within the third degree.** **Additionally, Kachina Village Improvement District Personnel Policy states that immediate family members may not be employed in a position where one supervises or is supervised by the other, or both report to the same first level supervisor. Immediate family members shall not be employed in the same department when the safety, efficiency, morale, or effective administration of the department's operations will be adversely affected.**  |
| **Are you related to any current Kachina Village Improvement District employee or official?** **[ ]  YES [ ]  NO** | **If yes, please list the employee or official and the way in which you are related:** |
| **Pursuant to A.R.S. 39-121, your application and resume may be considered public record and, as such, may be made available to any person, including the news media. In submitting this application, I understand that false statements will disqualify me for employment or cause my subsequent dismissal and that if I am employed, I will be bonded as an employee of Kachina Village Improvement District. I also understand that, if accepted for employment, I shall be required to providing proof of identity and eligibility to work in the United States in compliance with the Immigration Reform & Control Act of 1986, as a condition of receiving any compensation from Kachina Village Improvement District. In connection with this application, I authorize all corporations, companies, consumer reporting agencies, credit agencies, educational institutions, persons, law enforcement agencies, military services, motor vehicle departments, and former employers to release any information that they may have about me to Kachina Village Improvement District or its agents, and I release them from any liability for doing so. If I accept employment as a non-exempt employee, I agree to work overtime when requested to do so and I understand and agree that overtime may be compensated either by monies or compensatory time off. I further understand that my employment is probationary for a period of six months, and that successful completion of probation does not guarantee permanent employment. I understand and agree that my signature on this document does not constitute a contract of employment.**  |
| **SIGNATURE OF APPLICANT** | **DATE:** |
| **I understand that if I submit this application electronically, without a signature, I will be expected to sign my application if I am selected for an interview.**  |

**Form Last Revised: 08/13/2020**