



List any reasons known to you why you might be unable to perform consistently and promptly any job duties if hired: \_\_\_\_\_

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Whom should we notify in case of an accident or an emergency?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone No. \_\_\_\_\_ Address \_\_\_\_\_

Have you been convicted of or pled guilty to a crime other than a minor traffic violation? Yes ( ) No ( )

If yes, give date, place, charge, and disposition: \_\_\_\_\_

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Do you have a valid driver's license? Yes ( ) No ( )

If yes, license no. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Is your license: Class I ( ) Class II ( ) Class III ( ) Class IV ( ) Class D ( )

Has your driver's license ever been suspended or revoked? Yes ( ) No ( )

List any types of heavy or motor-driven equipment you can operate: (i.e., backhoe, fire truck, etc. )

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List any type of office equipment you can operate: \_\_\_\_\_

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List any special courses or training you have had: \_\_\_\_\_

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Are you certified or trained in a specific skill such as CPR? Yes ( ) No ( )

Certifications: \_\_\_\_\_

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EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6 7 8

Do you have a High School Diploma or GED? Yes ( ) No ( )

Name & Location of School	From-To (Mo/Yr)	Graduated?	Degree and Major
High School(s)			
Technical/Trade			
College(s)			

MILITARY HISTORY

Branch of Service \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Rank on Entry \_\_\_\_\_ Rank on Discharge \_\_\_\_\_

List any specialized training you received: \_\_\_\_\_

Are you presently a member of the Armed Forces Reserves? Yes ( ) No ( )

If so, what Reserve or National Guard unit? \_\_\_\_\_

Are you employed now? Yes ( ) No ( )

If yes, may we contact your present employer? Yes ( ) No ( )

Are you related to anyone presently employed by Parker? Yes ( ) No ( )

If yes, give name \_\_\_\_\_ Relationship \_\_\_\_\_

How did you learn about our current job openings?

\_\_\_\_\_ Newspaper Ad Name of Newspaper \_\_\_\_\_

\_\_\_\_\_ District employee Name of Employee \_\_\_\_\_

\_\_\_\_\_ Personal Interest (You called/came to the Administration Office)

\_\_\_\_\_ Employment Bulletin: Where/What Agency was the bulletin posted? \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

**WORK HISTORY**

**Please list your work history for the past four (4) employers beginning with your most recent position:**

Name of Company: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address of Company: \_\_\_\_\_

Position Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Work Phone No. ( ) \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Description of Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we communicate with your past/present employer? Yes ( ) No ( )

Name of Company: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address of Company: \_\_\_\_\_

Position Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Work Phone No. ( ) \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Description of Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we communicate with your past/present employer? Yes ( ) No ( )

Name of Company: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address of Company: \_\_\_\_\_

Position Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Work Phone No. ( ) \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Description of Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we communicate with your past/present employer? Yes ( ) No ( )

Name of Company: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address of Company: \_\_\_\_\_

Position Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Work Phone No. ( ) \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Description of Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we communicate with your past/present employer? Yes ( ) No ( )

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NOTE: If sufficient space is not allotted to give all employment history or dates, please list any additional information on a separate sheet of paper and attach to this application.

Have you ever been fired or forced to resign from any job? Yes ( ) No ( )

If yes, please explain: \_\_\_\_\_

List three references that you have known at least three (3) years that are not relatives or previous supervisors. Complete address required.

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**NOTICE TO APPLICANTS \* DRUG TESTING REQUIRED**

Before being hired, all applicants must pass a urine test to detect drug use. Your written consent for drug testing is required.

**PLEASE READ THIS STATEMENT CAREFULLY AND SIGN**

I do hereby confirm that all information provided by me in this application is true, complete and accurate.

I authorize Parker District to conduct whatever investigation necessary to confirm all information of statements submitted on this application form. If investigation determines misrepresentation, omission or untrue statements by me, this may result in refusal to hire or dismissal after hire.

I also authorize and request all former employers, persons, firms or corporations, to answer any or all questions asked and to give all information sought including the release of documents in connection with this application.

I understand that Parker District may require me to take and pass a urine test to detect drug use, as part of application.

I understand that my credit rating may also be checked.

I understand that no employee, Department Head, Supervisor, or other representative of Parker District has any authority to enter into any agreement for employment for a specified period of time unless such an agreement is in writing and signed by the Commission.

I further understand that absent such an agreement and in accordance with District policy, employment can be terminated by the employee or the District at any time.

The use or acceptance of this form does not indicate any positions are available and in no way obligates Parker District or me.

I hereby release the Parker Sewer and Fire Subdistrict, any person or entity acting on their behalf, and any and all of my former employers, their officers, agents, and employees, from any and all claims, liability, or damage of any kind, whether due to negligence, error or any other cause, as a result of releasing said information to any member of the District, or any person or entity acting on their behalf. I further understand that in consideration for said release, Parker District will regard all information so obtained as confidential and shall not release the same to any other person without my express consent.

Applicants applying for positions with the District are required to meet the minimum qualifications or an equivalent combination of training and experience in reference to the position for which they apply, before any application may be given consideration for employment.

I also understand that Parker District, at the discretion of the Commission, provides life and health insurance to its employees and/or their dependents. The employee and/or his/her dependents must provide proof of insurability.

I understand that all employees of the Parker District are employed on an at-will basis. That means both the employee and the District retain the right to terminate the employment relationship at any time for any reason.

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Applicant's Signature

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Date

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Witness

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Witness

This application void after 60 days unless renewed by applicant.