## Penrose Water District Application for Employment

System & Facilities Worker

## IMPORTANT INFORMATION AND INSTRUCTIONS:

- Applicants must be at least 18 years of age to apply.
- In-District residency is required, i.e. employed individuals must live within the boundaries of the Penrose Water District.
- You must answer each question accurately, however, in any materials you submit, including this application, you may omit, redact or remove age-identifying information such as age, date of birth, dates of school attendance or graduation. You will not be penalized for withholding such information.
- Incomplete or illegible applications may not be considered.

	Търрпеш	nt Information				
Full Name:						
Address:				State:	2	Zip:
Telephone Number:		Email Address:				
Are you eligible to work in the On what date would you be a						
	Ed	lucation				
High School	Address			Degree	e/Diplon	na
College	Address			Degree	e/Diplon	na
Trade/Business School	Address			Diplon	na/Certi	ficate
	Employ	ment History				
Company:Address:	rom:	Salary: To:				
Company:	rom:	Salary: To:				
Company:	rom:	Salary: To: May we cor Telephone N	ntact them	n? Yes:□ N	No: 🗆	
history section and attached rest  Company: Address: Supervisor: Dates Employed: Hours worked per week: Job duties performed:  Reason for Leaving:  Company: Address: Supervisor:	rom:	Salary: To: May we cor Telephone N	ntact them	n? Yes:□ N	No: □	:

Company:	Telephone Number:				
Address:	City: State:	Zip:			
Supervisor:	Salary:				
Dates Employed: From:	To:				
Hours worked per week:  Job duties performed:					
Job duties performed:					
Reason for Leaving:	May we contact them? Yes:∟	May we contact them? Yes: $\square$ No: $\square$			
Company:	Telephone Number:				
Address:		Zip:			
Supervisor:	Salary:	r			
Dates Employed: From:	To:				
Hours worked per week:					
Job duties performed:					
Reason for Leaving:	May we contact them? Yes:	l No: □			
Describe these (2) according for a second					
Provide three (3) personal references:					
Name:					
Address:					
Name:	Tele. Number:				
Address:	City:State:	Zip:			
Name:	Tel. Number:				
	City:State:				
Discl	aimer, Release, and Signature				
omissions. I understand I will be required to su detection of marijuana) and physical evaluation. no guaranteed assurances of future or continued e information on this application it can result in rejet from Penrose Water District to contact and obtait through a background investigation process. I ha	best of my knowledge. I have not made any intent ubmit to a background investigation, pre-employment. I understand employment with Penrose Water Distri- employment. I understand should it be discovered I has ection of my application or termination of employment. In information from employers, schools, licensing authore read, understand and my signature shows my conse	t drug screening (including ct is "at will" and there are ve provided any misleading. I authorize representatives norities, other references, or ent to these statements.			
Signature:	Date:				