

PAGE UTILITY ENTERPRISES
APPLICATION FOR EMPLOYMENT
640 Haul Road, P.O. Box 1955, Page, AZ 86040
(928) 645-2419 FAX (928) 645-5322

PAGE UTILITY ENTERPRISES (PUE) is a
DRUG FREE WORKPLACE and SEXUAL HARASSMENT FREE WORKPLACE

The policy of PUE is to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, gender, religion, national origin, disability, or other protected classifications.

Name _____ Date: _____

Position _____ Closing Date _____

Street Address _____ P.O. Box _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Message _____

PREVIOUS ADDRESSES DURING THE LAST FIVE (5) YEARS:

| Address | City | State | Zip | Dates |
|---------|------|-------|-----|-------|
|---------|------|-------|-----|-------|

| Address | City | State | Zip | Dates |
|---------|------|-------|-----|-------|
|---------|------|-------|-----|-------|

| Address | City | State | Zip | Dates |
|---------|------|-------|-----|-------|
|---------|------|-------|-----|-------|

Where did you hear about the vacancy for which you are applying? _____

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes No

Can you perform these essential functions or the tasks listed on the job description with or without reasonable accommodation? (Do not answer if you have not read the job description or were not told about the essential job functions.) Yes No

If you have indicated that you can perform the task with an accommodation, then how would you perform the task and with what accommodation(s)?
Specify: _____

Are you under 18 years old? Yes No Are you 21 years of age or older Yes No

Are you or have you been employed by PUE or the City of Page? Yes No

Are you willing to work overtime if required? Yes No

If offered a position with PUE, what is the earliest date you can begin employment? _____

Are there any hours, shifts or days you cannot or will not work? Yes No Specify: _____

If offered employment, can you provide proof of eligibility to be employed in the United States? Yes No

PAGE UTILITY ENTERPRISES - APPLICATION FOR EMPLOYMENT - PAGE 2

If applying for a position which requires the use of PUE vehicles or equipment, a 39 month driving record must be enclosed. Document enclosed Yes No Explanation: _____

A "YES" answer to the following question will not necessarily result in denial of employment. The employer will consider all the circumstances, including the date and nature of events which have led to the actions described below. Your written explanation will assist the employer in determining your eligibility, qualifications and suitability for employment.

Have you ever been dismissed (fired) from any job or resigned at the request of your employer, or resigned while informed that you would be dismissed or an investigation of your behavior was pending? You must answer "YES" even if the matter was later resolved with any form of settlement or severance agreement regardless of its terms. If you answer "YES," you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination. Yes No.

If "YES," please explain. Attach additional sheets if necessary.

PAGE UTILITY ENTERPRISES - APPLICATION FOR EMPLOYMENT - PAGE 3

WORK HISTORY: Start with your present or most recent employer and include as many employers as the form allows. May we contact your present employer? Yes No

| | | | |
|---|--|----------------------|------------|
| Most Recent Employer: | | Address: | Telephone: |
| Date Started : _____ Starting Salary: \$ _____ Per _____ | | Starting Position: | |
| Date Left: _____ Leaving Salary: \$ _____ Per _____ | | Position on Leaving: | |
| Name and Title of Supervisor: | | | |
| Description of Duties: | | Reason for Leaving: | |
| Previous Employer: | | Address: | Telephone: |
| Date Started: _____ Starting Salary: \$ _____ Per _____ | | Starting Position: | |
| Date Left: _____ Leaving Salary: \$ _____ Per _____ | | Position on Leaving: | |
| Name and Title of Supervisor: | | | |
| Description of Duties: | | Reason for Leaving: | |
| Previous Employer: | | Address | Telephone |
| Date Started _____ Starting Salary: \$ _____ Per _____ | | Starting Position: | |
| Date Left _____ Leaving Salary: \$ _____ Per _____ | | Position on Leaving: | |
| Name and Title of Supervisor: | | | |
| Description of Duties: | | Reason for Leaving: | |
| Previous Employer | | Address | Telephone |
| Date Started _____ Starting Salary: \$ _____ Per _____ | | Starting Position: | |
| Date Left _____ Leaving Salary: \$ _____ Per _____ | | Position on Leaving: | |
| Name and Title of Supervisor: | | | |
| Description of Duties: | | Reason for Leaving: | |

| EDUCATION | NAME & LOCATION OF SCHOOL | YEAR GRADUATED | MAJOR | DIPLOMA/ DEGREE |
|---|---------------------------|----------------|-------|-----------------|
| High School | | | | |
| College/University | | | | |
| College/University | | | | |
| Other Training/Education: | | | | |
| List any equipment that you can operate or special skills that you possess. | | | | |
| Licenses or Certifications: | | | | |
| Typing Speed: | | | | |

REFERENCES: List three (3) people not related to you who have known you for at least one (1) year.

| Name | Phone | Position & Business | Years Acquainted |
|------|-------|---------------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

APPLICANT'S CERTIFICATION AND AGREEMENT
(Please read carefully before signing)

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize PUE to make an investigation of any of the facts set forth in this application.

Unless indicated otherwise, I hereby authorize PUE to investigate my background, references, employment record and other matters related to my suitability for employment. This may include a criminal background check and a check on my driving record. I also authorize my former employers or any third party to disclose to PUE all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosure. I hereby release PUE, former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I also realize, if offered a position with PUE, my actual employment will be contingent on completion of certain verifications depending on the position I have applied for in the organization. These may include a physical examination, physical ability test, drug screening, credit check, and polygraph testing. The actual items required will depend on the position involved.

I understand that this application is not intended to be a contract of employment.

This application for employment shall be considered active for a period of time not to exceed six months.

Signature

Date

BACKGROUND INVESTIGATION/INFORMATION RELEASE REQUEST

TO WHOM IT MAY CONCERN:

I am an applicant for employment with Page Utility Enterprises (PUE). As part of the hiring process, PUE may need to thoroughly investigate my employment background and personal history.

I hereby authorize PUE to investigate my background, references, employment record, and other matters related to my suitability for employment. This may include a criminal background check and a check on my driving record. I also authorize my former employers or any third party to disclose to PUE all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosure. I hereby release PUE, former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

If offered a position with PUE, my actual employment will be contingent on completion of certain additional verifications depending on the position for which I have applied. These may include a physical examination, physical ability test, drug screening, credit check, and polygraph testing.

My current address is: _____

My current telephone number is: _____

My Social Security number is: _____

My date of birth is: _____

Any other names used for Driver's License or employment purposes: _____

Name of the state(s) in which a Driver's License has been issued in the last 39 months: _____

This form was signed by me on this _____ day of _____, 20__.

Signature

Typed or printed name of applicant: _____
(As it appears on the Driver's License)

For Police Department Use Only _____

DMV Results: _____

Local Criminal History: _____

Cleared for Hire: Yes___ No___ (If no, contact Police Department)

PAGE UTILITY ENTERPRISES - APPLICATION FOR EMPLOYMENT - PAGE 6

Page Utility Enterprises - Equal Opportunity/Affirmative Action Employment Survey

Voluntary Survey Form for Government Employment Monitoring Purposes.

Applicants for employment are treated without regard to race, religion, sex, national origin, age, veteran status, medical condition or disability or any other legally protected status.

The information requested below is needed to measure and document the effectiveness of our recruitment efforts and is in conformity with Federal government guidelines which require us to compile statistical information about applicants for employment. You are not required to furnish this information, but are encouraged to do so. Your cooperation is voluntary. Whether you chose to participate or not will have no effect on your consideration for employment.

This voluntary information sheet is separated from your employment application and is kept in a confidential file for statistical use only.

Date: _____ Position Applied For: _____

Name: _____ Signature: _____
(Please Print)

Veteran: Yes () No () Disabled Veteran: Yes () No ()

Disabled Individual: Yes () No () (Any person who has a physical or mental impairment substantially limiting one or more of his/her major life activities)

Gender: Female () Male ()

Ethnic Origin: Check one of the following.

White:___ Black:___ Hispanic:___ American Indian/Alaskan Native:___

Asian/Pacific Islander:___ Other:___