



**SALT RIVER LANDFILL**  
 SALT RIVER PIMA - MARICOPA INDIAN COMMUNITY  
 4660 N. Beeline Highway/SR 87 Phone: (480)941-3427  
 Scottsdale, AZ 85256 Fax: (480)949-4261

**APPLICATION FOR EMPLOYMENT**  
 Your Resume is Welcome!

Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Earliest Start  
 Date: \_\_\_\_\_

Rate of Pay Expected: \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_

— Last First Middle

Address: \_\_\_\_\_

— Street Address City State Zip Code

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

If Native American, Tribal Affiliation: \_\_\_\_\_

Do you have a valid AZ Driver's License? Yes ( ) No ( )

Can you submit verification of your legal right to work in the U.S? Yes ( ) No ( )

Have you ever worked for SRPMIC, its subsidiaries or it private enterprises? Yes ( ) No ( )

If yes, When \_\_\_\_\_ Where \_\_\_\_\_

**Education**

School Level	Name & Location of School	Graduated	Major Subjects	# of Years Attended
High School		Yes ( ) No ( )		
GED		Yes ( ) No ( )		
College		Yes ( ) No ( )		
Trade/Business School		Yes ( ) No ( )		

Special Study or Training: \_\_\_\_\_

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**Employment History (Start with Your Most Recent Job and Back):**

Please complete all information, do not use "See Resume". Attach additional sheet if needed.

Are you employed now? Yes ( ) No ( ) If yes, may we contact your employer? Yes ( ) No ( )

Job Title: \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_  
Name Street City State Zip

Hire Date: \_\_\_\_\_ Separation Date: \_\_\_\_\_ # of Employees Supervised: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Describe Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
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Job Title: \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_  
Name Street City State Zip

Hire Date: \_\_\_\_\_ Separation Date: \_\_\_\_\_ # of Employees Supervised: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Describe Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\*\*\*\*\*

Job Title: \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer: \_\_\_\_\_

—                      Name                      Street                      City                      State      Zip

Hire Date: \_\_\_\_\_ Separation Date: \_\_\_\_\_ # of Employees Supervised: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Describe Duties Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Other**

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR, FELONY OR ANY TYPE OF THEFT OR FRAUD? YES ( ) NO ( )

If Yes, identify the crime for which you were convicted, the dates of the conviction and the location of the court in which you were convicted. Please provide for any details you feel are relevant. Conviction of a crime will not automatically disqualify you from consideration for employment but will be considered as part of an overall evaluation of your qualifications.

\_\_\_\_\_

\_\_\_\_\_

**Certification and Agreement (Read Carefully Before Signing):**

**I UNDERSTAND AND AGREE THAT:**

1. Any misrepresentation or omission of facts in my application or any attachments to my application may result in refusal of employment or if employed, termination from employment.
2. It is my understanding that the Salt River Landfill will make a thorough investigation of my work, educational and personal history and may verify all data given in my application, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Salt River Landfill, and I release from liability any person giving or receiving any such information. I understand that falsification may result in refusal or employment, or if employed, termination from employment.
3. I understand and agree that I will be required to take a pre-employment drug test at Salt River Landfill's expense, in addition to random or for cause testing, during my employment to determine if I am alcohol or drug free for the job I am responsible to perform. Failure to submit to such testing may result in termination.

4. I authorize any physician, including my personal physician, to release any information to Salt River Landfill which may be necessary to determine my ability to perform my assigned duties.
5. I agree to conform to all applicable rules, regulations, policies, and/or disciplinary procedures of Salt River Landfill and/or any department thereof. I understand that those rules, regulations, policies and/or disciplinary procedures are not intended by Salt River Landfill to create an obligation of continued employment.
6. I understand that this document is an application for employment and continued employment is not being offered. I hereby understand and agree that my employment, both during and after probationary period, is for an indefinite period, and that nothing in this application or any Salt River Landfill document shall be deemed to create any contract of continued employment between me and Salt River Landfill. I understand that my employment can be terminated at any time pursuant to the Salt River Landfill policies and procedures. I understand that employment beyond any probationary period or employment for several years shall not result in my heightened expectation of continued employment. I understand and agree that any statements to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Confidential Information**

Name: \_\_\_\_\_

— Last First Middle

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Are you over 21 years of age? Yes ( ) No ( )

If Native American, Tribal Affiliation: \_\_\_\_\_ Tribal Enrollment Number: \_\_\_\_\_

Do you have a valid AZ Driver's License? Yes ( ) No ( ) \_\_\_\_\_

\_\_\_\_\_ License Number Expiration Date

- Copies Required:
- Social Security Card
  - Tribal Id (if applicable)
  - Arizona Drivers License