



Water & Wastewater
30920 Stagecoach
Evergreen, CO 80439
(303) 674-4112 Fax (303) 674-7267
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Application for Employment

An Equal Opportunity Employer - dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Personal Information

Date:
Name: Last First Middle
Street Address: Street City State Zip
Phone: Referred By:

Are you over 18 years of age? Yes No Are you a citizen of the United States or do you have a valid work permit? Yes No

Do you have relatives working here? Yes No
(Relatives are: spouse, domestic partner, child, grandchild, parent, grandparent, sibling, mother or father-in-law, son or daughter-in-law, parent or child or sibling of domestic partner, stepparent, stepchild, or comparable legal step relationships, uncle, aunt, niece, or nephew)

If so, Names(s), Relationship(s), and Work Area:

Employment Desired

Position: Date You Can Start: Salary Desired:

How did you first learn of this position?

Evergreen Metro District Employee Website
Direct Contact Newspaper Other

Military

Branch of Service: Rank/Rate at Discharge:

Active Duty Service Dates: From: To:

Describe your service duties and any special training:

Description of service duties and training area

State/Nationally Recognized Certifications:

Please list any relevant State or Federal Certifications and their expiration date:

Information for position requiring driving:

Do you have a valid Colorado Driver's license: Yes No

Class: R C CDL A B Endorsements: _____

Driver's License Number _____ Expiration Date: _____

List all moving traffic violations (last three years): _____

List all accidents you have been involved in (last three years): _____

Education

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School			Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	
High School		1 2 3 4	Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	
College		1 2 3 4	Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	
Trade, Business or Correspondence School		1 2 3 4	Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	

Subjects of Special Study or Research Work _____

Job Related Skills: _____

Former Employers List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Position	Eligible for rehire	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References List Below three persons not related to you whom you have known at least one year.

Name	Address	Position	Years Acquainted
1			
2			
3			

Is any additional information relative to change of name, use of assumed name, nickname, or maiden name necessary to enable us to check your work and/or academic record? Yes No

If yes explain: _____

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

Authorization

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any 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 understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and test, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Date

Signature