

UTE WATER CONSERVANCY DISTRICT

2190 H 1/4 Road, P.O. Box 460

Grand Junction, CO 81502

Application for Employment

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, sex, gender, sexual orientation, national origin, ancestry, religion, creed, age, physical or mental disability, veteran or military status or other protected status. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based upon job-related factors.

PROVIDE ALL/ONLY INFORMATION REQUESTED OR YOU MAY BE DISQUALIFIED

Answer each question fully and accurately. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except your signature on back of application. Failure to do any of the above will result in disqualification of your application. **DO NOT** use a resume as a substitute for any information required in this application. No action can be taken on this application until you have answered all questions.

Name _____ Telephone # _____

 Last First Middle

Address _____

 Present Street Address City State Zip Code

Job Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary Shift employment?

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Are you 18 years of age or older? Yes No (If you are hired, you may be required to submit proof of age)

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

If you are related to any of our employees? Yes No Name _____

Date available for work _____

Are you willing to work overtime as required? Yes No

Have you ever been convicted of any law violation
(Include any plea of "guilty" or "no contest". Exclude minor traffic violations)? Yes No

If yes, give details _____
(A conviction will not necessarily disqualify an applicant for employment.)

ALL POSITIONS AT UTE WATER ARE REQUIRED TO DRIVE COMPANY VEHICLES.

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

Driver's License Number _____ Class of License _____

Have you received any moving violation in the past three (3) years? Yes No

If yes, give details: _____

Have you had your driver's license suspended or revoked in the last three (3) years? Yes No

If yes, give details: _____

Have you been convicted of a DUI or DWAI in the past five (5) years? Yes No

If yes, give details: _____

WORK HISTORY

Start with your present or last job. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **NOTE:** A job offer may be contingent upon acceptable references from current and former employers.

From: mo/yr	To: mo/yr	Employer	Ph. #
Job Title		Address	
Supervisor		Job Duties:	
Start Salary	Final Salary		
Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>		
May we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving	
From: mo/yr	To: mo/yr	Employer	Ph. #
Job Title		Address	
Supervisor		Job Duties:	
Start Salary	Final Salary		
Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>		
May we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving	
From: mo/yr	To: mo/yr	Employer	Ph. #
Job Title		Address	
Supervisor		Job Duties:	
Start Salary	Final Salary		
Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>		
May we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving	
From: mo/yr	To: mo/yr	Employer	Ph. #
Job Title		Address	
Supervisor		Job Duties:	
Start Salary	Final Salary		
Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>		
May we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving	

From: mo/yr	To: mo/yr	Employer	Ph. #
Job Title		Address	
Supervisor		Job Duties:	
Start Salary	Final Salary		
Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>		
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving		

EDUCATION

	List Name and Address of Schools	# of Years Completed	Did you Graduate?	Diploma / Degree / Certificate
High School or GED				
College or University				
Vocational or Technical				

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

List professional, trade business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____

GENERAL INFORMATION

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Have you ever been fired from a job or quit under threat of being fired? Yes No

If yes, please explain: _____

REFERENCES

(Give three references, not relatives or former employers)

NAME	ADDRESS	YEARS KNOWN	TELEPHONE

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION

I certify that all information in this application is correct to the best of my knowledge. I understand that any misrepresentation of information by statement or omission will result in disqualification or, if already hired, dismissal from employment, no matter when the misrepresentation is discovered.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employees, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that **all employment with Employer is at-will**, meaning that employment with Employer may be terminated, with or without cause, and with or without prior notice, at any time, at the option of either me or the Employer.

I understand that no supervisor or manager has the authority to enter into an agreement for employment that waives Employer's right to terminate employment at will.

I understand that Employer has policies and procedures that I must follow, if hired. I understand that Employer reserves the right to change its policies and procedures, including personnel policies and employee benefits at any time without approval by employees, and that such changes are accepted by continuing my employment with Employer.

I understand that I will be required to pass a drug test as a condition of employment.

I have read, understand, and by my signature consent to these statements.

Signature: _____

Date: _____

How did you hear about this position? _____