

SPRING CANYON WATER AND SANITATION DISTRICT
4908 Shoreline Drive
Fort Collins, Colorado 80526
Tel: 970-226-5605 Cell: 720-440-4493
Email: chriso@springcanyonwsd.com

Employment Application

Please submit application package to:

4908 Shoreline Drive Fort Collins, CO 80526 or
Via email to chriso@springcanyonwsd.com

IMPORTANT

PLEASE ENSURE THIS APPLICATION PACKET CONTAINS THE FOLLOWING:

- General Information Section
- Employment History Section
- References Section
- Education and Driver's License Section
- Military Background Section
- Authorization and Consent for Release of Information Sheet
- Attached Resume

****Please be sure the application is complete.**

****If a question is not applicable, please mark as N/A.**

****Please attach additional sheets if necessary.**

IMPORTANT INFORMATION

Make sure that you complete all sections of the application completely, accurately, and legibly. The application will be used as a part of the overall application process and should represent your best effort. You may be subject to disqualification for making any misstatements, omitting information, failing to complete tasks, not meeting appointments, or failing to follow procedures.

Carefully read all instructions!

GENERAL INFORMATION

Position Applied For:	Date of Application:
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Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Social Security Number		

Can you perform the essential functions of the position with or without reasonable accommodation? *Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. Those issues may be addressed at a later stage to the extent permitted by law.*

Yes No

If no, please describe: _____

Are you legally eligible for employment in the U.S.? *Proof of eligibility to work in the U.S. will be required upon employment for all applicants.*

Yes No

Are you over the age of eighteen?

Yes No

Have you ever been employed by, or provided volunteer services to, the District before?

Yes No

If Yes, give dates: _____

Do you know anyone who works or volunteers at Spring Canyon Water and Sanitation District?

Yes No

If Yes, please provide name and relationship: _____

Have you ever been fired or asked to resign from a job?

Yes No

If Yes, please explain: _____

EMPLOYMENT/VOLUNTEER EXPERIENCE

Start with your present or most recent employer and explain any significant gaps in time. Include any job-related military service assignments and volunteer activities. Please account for all periods of work history. Attach additional pages if necessary.

I) Name and Address of Employer Telephone: () Job Title: Name of Supervisor:	From		To		Hourly Rate/ Salary	Reason for Leaving:
	Mo	Yr	Mo	Yr		
Work Performed:						

II) Name and Address of Employer Telephone: () Job Title: Name of Supervisor:	From		To		Hourly Rate/ Salary	Reason for Leaving:
	Mo	Yr	Mo	Yr		
Work Performed:						

III) Name and Address of Employer Telephone: () Job Title: Name of Supervisor:	From		To		Hourly Rate/ Salary	Reason for Leaving:
	Mo	Yr	Mo	Yr		
Work Performed:						

IV) Name and Address of Employer Telephone: () Job Title: Name of Supervisor:	From		To		Hourly Rate/ Salary	Reason for Leaving:
	Mo	Yr	Mo	Yr		
Work Performed:						

Are you currently employed?

Yes No

REFERENCES

Give name, address, and telephone number of three personal references who are not related to you and who are not previous employers.

Name	Address	Telephone

EDUCATIONAL BACKGROUND

	High School (or GED)	Undergraduate College/University	Graduate/Professional
School Name and Location			
Diploma/Degree Obtained			
Describe Course of Study, if applicable			
Describe any Job-Related Certifications.			

DRIVER'S LICENSE

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

Drivers License # _____ Class _____ State _____

Have you had your driver's license suspended or revoked in the last 5 years?

Yes No

If yes, give details: _____

MILITARY BACKGROUND

Have you ever served in the U.S. Military or any other military organization? Yes No

Branch of service: _____

Dates of active service: _____

Highest rank held: _____

Rank upon discharge: _____

Was your discharge honorable? Yes No

[If no, was it characterized as bad conduct or dishonorable?]

Are you presently a member of the National Guard or any other military reserve unit? Yes No

List Reserve Unit, location and describe your obligation:

Describe your major duty assignment(s) while on active duty:

While in the military, did you take any courses that directly relate to the position of firefighter? (explain)

List any special awards or achievements awarded during your military service:

Use space below for additional information regarding your military career

AUTHORIZATION & CONSENT FOR RELEASE OF INFORMATION

This application is not complete and will not be considered by the District unless you complete, sign, and submit the attached documents with this application.

1. *Authorization and Consent for Release of Information.*
2. *Disclosure to Applicant Regarding Procurement of a Consumer Report*
3. *A Summary of Your Rights Under the Fair Credit Reporting Act*

APPLICANT'S CERTIFICATION AND SIGNATURE

I certify that the answers given in this application, including any documentation submitted with or in connection with, this application are true and complete.

Applicant's Signature

Date

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AUTHORIZATION & CONSENT FOR RELEASE OF INFORMATION

I understand that in connection with the application process, the Spring Canyon Water and Sanitation District ("***District***") may request information from my past employers, volunteer organizations, educational institutions, and personal references, and that such investigation may include a review of any criminal records and driving record. I have provided complete and truthful information to the District regarding all sources of information about my past employment/volunteer service, education, licensure/certifications, as well as any information requested in the Employment Application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer, or immediate discharge. In order to assist the District in obtaining documents and information regarding my background, I hereby consent to the release of the following information:

1. I authorize and consent to the release of information to the District regarding my previous employment and volunteer services, and authorize all past employers and volunteer organizations, or agents they may designate, and any consumer reporting agency hired by the District, to respond to the District's verbal or written inquiries regarding my employment/volunteer services, including, but not limited to, positions held, dates of employment/volunteer services, last pay rate, work performance, name and telephone number of my immediate supervisor, disciplinary records, reliability, and any incidents of dishonesty, insubordination, violence, and/or unsafe, harmful or threatening behavior, including all information contained in my personnel and/or confidential file(s). I consent to the release of this information with full knowledge and understanding that the information released may include positive or negative facts and opinions that I may believe are false.

2. I authorize and consent to the release and disclosure to the District of educational or vocational records from any and all public or private educational or vocational institutions I have attended, including all records of any academic performance; courses attended; grade(s) earned; diplomas, degrees or other certificates conferred.

3. I authorize and consent to the District, or its consumer reporting agency or other agent, contacting, either verbally or in writing, any individual or entity, including but not limited to any individual or entity identified in my application, for purposes of confirming information contained in my application, and otherwise furthering the purposes of the District's background investigation.

4. I authorize and consent to the release of information relating to my driving record, and to the District, or its consumer reporting agency or other agent, verifying the Social Security number I have provided.

5. I authorize and consent to the District's, or its consumer reporting agency's or other agent's, thorough investigation of whether I have a record of criminal convictions, and,

if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. I understand that the District's criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from the District's Hiring Process.

6. I hereby release and hold harmless the District, its current and past Directors, officers, employees, volunteers and agents, and any other person or public or private entity inquiring about, investigating, furnishing, communicating, reviewing, or evaluating information or documents pursuant to this Authorization, or making any written or verbal communications for such purposes, from any and all claims arising from such activities, including, but not limited to, any claims whatsoever for defamation, fraud, misrepresentation, intentional or negligent interference with prospective business relations or contract, breach of contract (including any settlement agreement), negligent or intentional infliction of emotional distress, employment discrimination, violation of public policy, and any other potential claims, demands, damages, liabilities and/or actions of any kind whatsoever, whether known or unknown to me presently, that I may have now or in the future. I voluntarily grant this Release for purposes of supporting my application and based upon my desire to encourage the District's consideration of my application. If I have any concerns about the information that may be provided to the District, or its consumer reporting agency or other agent, during its investigation of issues relevant to its consideration of my application, I have voluntarily advised the District of such concerns in writing.

7. I have carefully read this Authorization and Release and voluntarily agree to its terms.

Please print your full name

Please print any other names you have used

Home Address

City

State

Zip Code

Social Security Number (optional)

Driver's License Number

State Issuing

Name as it appears on license

Signature

Today's Date