

Position(s) applied for

MERIDIAN SERVICE METROPOLITAN DISTRICT

Water, Wastewater, Parks and Recreation 11886 Stapleton Dr, Falcon, CO 80831 719-495-6567, Fax 719-495-3349

Date of application

APPLICATION FOR EMPLOYMENT

Please answer all questions. Résumés are not a substitute for a completed application. The District is an at-will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, the company or employee may terminate the employment relationship at any time, for any reason, with or without cause or notice. All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. Those applicants requiring an accommodation to complete the application and/or interview process should contact a management representative.

Print full name							
Street address		City		State	ZIP		
Main phone number	Alternate phone number	Email	Email				
Employment Experienc	e						
Please list the names of your pr order with present or most rece firm name and supply business r	nt employer listed first. Be sure	e to account f	or all periods				
Name of employer			Supervisor		May we contact?		
					☐ Yes ☐ No		
Location							
Phone number			Dates employed (month/year)				
			From		То		
Job title and duties							
Reason for leaving							



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Phone number		Dates employed (mor	nth/year)	
Thone number		From	To	
		TTOITI	10	
Job title and duties				
Reason for leaving				
		,		
Have you ever been involu If yes, please explain.	ntarily terminated or asked to resign from any job?	☐ Yes ☐ No		
ii yes, pieuse expiuiii.				
	rience, job-related skills, additional languages, or o g your qualifications for employment.	ther qualifications that	you believe should	
20 CONSIDER OF THE FACILITY	5 year quarinacions is employment.			



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Education

Please describe your educational background in the table provided below.

	School name	Diploma/ degree (Yes/No)	Area of study/major	Specialized training, skills, or extracurricular activities
High school				
College/ university				
Graduate/ professional school				
Trade school				
Other				

Business and Professional References

Please list three professional references of individuals who are *not* related to you.

Name and title	Relationship	Phone number or email

Personal References

Please list three people who know you well.

Name and title	Relationship and years acquainted	Phone number or email



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General Information

1.	Have you ever	used another na	ıme? □ Yes	□ No				
2. Is any additional information relative to name changes, use of an assumed name, or nick					me, or nicknam	ne necessary		
	to enable a check on your work and educational record? $\ \square$ Yes $\ \square$ No							
	If yes to either	of the above, p	lease explain:					
3.	Have you ever	worked for the	District before?	□ Yes □ No				
	If yes, please p	rovide dates an	d position:					
4.	Do you have fri	Do you have friends and/or relatives working for the District? $\ \square$ Yes $\ \square$ No						
	If yes, name(s)	f yes, name(s) and relationship(s):						
5.	On what date a	re you available	e to begin work?	?				
6. Days/hours available to work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday								
					Sunday			
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Juliuay	
7	Are you availab	lo to work?	Full time □ D	art time				
	 Are you available to work? □ Full-time □ Part-time If hired, would you have a reliable means of transportation to and from work? □ Yes □ No 							
	·			•	and from work	! ⊔ Yes ⊔ No		
	Can you travel	•	•	Yes □ No				
10.	Are you at leas	t 18 years old?	☐ Yes ☐ No					
11.	If hired, can yo	u present evide	nce of your ide	ntity and legal r	ight to work in	this country? \Box	Yes □ No	
12.	Are you able to	perform the es	sential job func	tions of the job	for which you a	are applying wit	th or without	
	reasonable acc	ommodation?	☐ Yes ☐ No					
Not	t e: We comply v	vith the Americ	ans with Disabil	ities Act and co	nsider reasonab	le accommodat	ion measures	
	that may be ne	cessary for qua	lified applicants	s/employees to p	perform essenti	al job functions	š.	



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Applicant Statement and Agreement

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

I hereby authorize the District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the District any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the District, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

In the event of my employment with the District, I understand that I am required to comply with all rules and regulations of the District.

If hired, I understand and agree that my employment with the District is at will and that neither I nor the District is required to continue the employment relationship for any specific term. I further understand that the District or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

I understand that the safety of employees is extremely important to the District and that the District is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.

I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

My signature attests to the fact that I have read, understand, and agree to all the above terms.

who need to know, the applicant, and the applicant's legal guardian.

If the applicant is a minor, the foregoing release and consent must be signed by the applica	nt's parent or legal guardian.
Signature by the applicant's parent or legal guardian constitutes acknowledgement by the app	licant and the parent or legal
guardian that the District, to the extent permitted by federal, state, and local law, can tes	st the applicant for illegal or

controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel

Parent/Legal Guardian Signature: Date:

Signature:

Date: