

Mid Valley Metropolitan District

10 Reynolds Way
Carbondale, CO 81623
(970) 927-4077

Customer@MVMDCO.org, MVMDCO.org

Employment Application Form

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE _____

Name _____

Last

First

Middle

Present address _____

Number

Street

City

State

Zip

How long at current address _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

Are you under age 18 ____ YES ____ NO, if "YES", can you provide proof of your eligibility to work? ____ YES ____ NO

Are you currently authorized to work in the United States? ____ YES ____ NO. Proof of eligibility will be required if hired.

Position applying for: _____

Wage desired: _____

How many hours can you work weekly? _____

Employment desired ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ TEMPORARY/CONTRACT

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime? ☐ No ☐ Yes (A Conviction record will not necessarily disqualify you from employment.)

Employee Referral? Name _____

	MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCES?	☐ Yes ☐ No	
ARE YOU NOW A MEMBER in the ARMED FORCES?	☐ Yes ☐ No	
Specialty _____	Date Entered _____	Discharge Date _____

Work Experience	Please list your work experience for the beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.
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Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone number: _____	Name of last supervisor 	Employment dates From _____ To _____	Pay or salary Start _____ Final _____
Your last job title			
Reason for leaving:			
Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone number: _____	Name of last supervisor 	Employment dates From _____ To _____	Pay or salary Start _____ Final _____
Your Last Job Title			
Reason for leaving:			
Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone number: _____	Name of last supervisor 	Employment dates From _____ To _____	Pay or salary Start _____ Final _____
Your last job title			
Reason for leaving:			

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself ☐ Yes ☐ No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation ☐ Yes ☐ No.

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ____ Yes ____ No

Driver's License Number: _____ State of Issue: _____ Expiration Date: _____

Type of License: _____ Operator _____ Commercial (CDL) _____ Chauffeur

Have you had any accidents during the past three years? ____ Yes ____ No If so, how many? _____

Have you had any moving violations during the past three years? ____ Yes ____ No If so, how many? _____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Phone () _____ Phone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE READ CAREFULLY

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Applicant Signature

Print

Date