



CLEAR CREEK METROPOLITAN RECREATION DISTRICT
 P.O. Box 1149, 1130 Idaho Street
 Idaho Springs, CO 80452 303-567-4822
APPLICATION FOR EMPLOYMENT

(Print all information clearly)

Date _____

POSITION APPLYING FOR _____ Date Available _____

Have you ever worked for CCMRD in the past? _____

If yes, give date and position _____

PERSONAL INFORMATION

United States Citizen: yes no
 (circle one)

 Last Name First Name MI Social Security #

 Mailing Address City, ST Zip Home Phone #

 Street Address (If different than mailing address) City, ST Zip Business Phone #

 Drivers License # State _____

EDUCATION

 High School Name City, ST Date Graduated

 College Name City, ST Major/Degree Date Grad or Yrs. Completed

 Other (Name) City, ST Major/Degree Date Grad or Yrs. Completed

MILITARY SERVICE

 Active Service Dates Service # _____

 Type of Discharge Rank _____

 Present National Guard or Reserve Membership _____

 Have you ever been rejected from military service? If so, why? _____

EMPLOYMENT HISTORY (List most recent employment first)

1. _____
 Name of Employer Street Address City, ST Zip

 Position Salary/Hourly Rate Dates of Employment Reason for Leaving

2. _____
 Name of Employer Street Address City, ST Zip

 Position Salary/Hourly Rate Dates of Employment Reason for Leaving

3. _____
 Name of Employer Street Address City, ST Zip

 Position Salary/Hourly Rate Dates of Employment Reason for Leaving

REFERENCES (Business or Personal references only. Do not list relatives.)

Name	Address	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

HEALTH

Identify any physical limitations. _____

Describe any hearing, vision, or speech limitations. _____

Have you ever been arrested? _____ If so, why _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal if discovered after I am employed. I understand that I may be required to submit to a polygraph examination (lie detector test) as condition of employment, and that a full investigation of my background will be conducted. I am also prepared to submit to a full examination by a physician designated by CCMRD.

I also understand that the position for which I am applying is considered at-will, which means that either you or CCMRD can terminate employment for any reason or no reason at any time. No one except the District Director or Board of Directors can amend this agreement.

Signature of Applicant

Date Signed

Parent Signature if applicant is under 18

Date Signed