



CLEAR CREEK METROPOLITAN RECREATION DISTRICT

P.O. Box 1149, 1130 Idaho Street
Idaho Springs, CO 80452 303-567-4822

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR _____ Date Available _____

Are you 18 years of age or older? _____ Have you worked for CCMRD before? _____

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 Email:

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

Branch of Service: Active Service Dates

Type of Discharge Rank

Training/Experience Received:

GENERAL

How were you referred to CCMRD?

Do you have any relatives who work for CCMRD? Yes No Who?

Is there any information we would need about your name, or use of another name, for us to be able to check your work record? Yes No Please specify:

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. _____	_____	_____

Have you ever been convicted of a crime? _____ If so, when and what? _____

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time or for any reason consistent with Colorado State or Federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the District Director or Board of Directors

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms named herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. I am also prepared to submit to a full examination by a physician designated by CCMRD.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

 Signature of Applicant Date Signed

 Parent Signature if applicant is under 18 Date Signed

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