



GREEN MOUNTAIN WATER AND SANITATION DISTRICT

13919 W. Utah Avenue
 Lakewood Colorado 80228
www.greenmountainwater.org

Phone: 303 985 1581
 Fax: 303 985 0680
customerservice@greenmountainwater.org

Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Phone		Cell Phone		E-mail Address	
Date Available				Desired Salary \$	
Position Applied for					
If you are under 18 years of age, can you provide required proof of your eligibility to work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you authorized to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever filed an application with us before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Can you travel if the job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
May we contact your present employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you available to work: <input type="checkbox"/> Full Time (40 Hours/Week) <input type="checkbox"/> Part Time (Less than 40 Hour/Week) <input type="checkbox"/> Seasonal					
Are you currently on "lay-off" status and subject to recall?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Would being "On Call" be an issue?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

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EDUCATION				
High School			Address	
		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	
College			Address	
		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	
Trade School			Address	
		Did you Graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	
Other			Address	
		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	
Indicate any foreign languages you can speak, read and/or write				
Language	Speak	Read	Write	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Describe any specialized training, apprenticeship, skills and extra-curricular activities.				
Describe any job-related training.				

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PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Supervisor's email		
Responsibilities			
Start Date	End Date	May we contact your previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for leaving			
Company		Phone	
Address		Supervisor	
Job Title	Supervisor's email		
Responsibilities			
Start Date	End Date	May we contact your previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for leaving			
Company		Phone	
Address		Supervisor	
Job Title	Supervisor's email		
Responsibilities			
Start Date	End Date	May we contact your previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for leaving			
Company		Phone	
Address		Supervisor	
Job Title	Supervisor's email		
Responsibilities			
Start Date	End Date	May we contact your previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for leaving			

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REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone
Address	Email
Full Name	Relationship
Company	Phone
Address	Email
Full Name	Relationship
Company	Phone
Address	Email

CERTIFICATIONS/LICENSES/EQUIPMENT OPERATING

Certification Level	Commercial Driver's License (CDL)	Equipment Operated
Water Distribution	<input type="checkbox"/> Class A	<input type="checkbox"/> Backhoe
Sewer Collection	<input type="checkbox"/> Class B	<input type="checkbox"/> Sewer Jet Truck
Water Treatment	<input type="checkbox"/> Class C	<input type="checkbox"/> Sewer Inspection Vehicle
Other		<input type="checkbox"/> Valve Turning Trailer

SPECIALIZED SKILLS

ADDITIONAL INFORMATION

Summarize special job-related skills and qualifications acquired from employment or other experience.

TECHNICAL PROFICIENCIES

Please mark your level of proficiency with the following programs from 1-5. 1 being NO EXPERIENCE and 5 being VERY KNOWLEDGEABLE. This is to set a baseline, applicants will not be disqualified due to lack of experience.

Operating Systems	Software
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Android	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Excel
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Windows	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Word
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 IOS	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Google Docs

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APPLICATION INFORMATION

Please tell us how you heard about the job opportunity? AWWA, SDA, Website, word of mouth, etc.

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver’s license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that Green Mountain Water and Sanitation District is a drug-free workplace. The District conducts drug and/or alcohol testing consistent with applicable federal, state, and local laws. Drug and/or alcohol tests are completed upon hire and randomly throughout employment. If employed, I understand that the taking of drug and/or alcohol tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the District’s policies and applicable federal, state, and local laws.

This District is an at-will employer as allowed by the applicable state law. This means that regardless of any provision in this applications, if hired, the District or I may terminate the employment relationship at any time, for any reason, with or without cause or notice. Nothing in this application or in any document or statement, written or oral, shall limit the right to terminate employment at-will. No officer, employee or representative of the District is authorized to enter into an agreement- express or implied- with me or any applicant for employment for a specified period of time unless such an agreement is in a written contract signed by the manager of the District.

If hired, I agree to conform to the rules and regulations outlined in the employee handbook, and I understand that the district has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at-will.

If hired by the District, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by the District. I also understand this District employs only individuals who are legally eligible to work in the United States.

I certify that all of the information that I have provided on this application is true, accurate, and complete.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____

Date ____ / ____ / ____

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