



**COLORADO CITY METROPOLITAN DISTRICT
EMPLOYMENT APPLICATION**

Job Title: _____

PERSONAL INFORMATION (Please PRINT All Information Legibly)

NAME:	<small>LAST</small>	<small>FIRST</small>	<small>M.I.</small>	<small>SSN:</small>
ADDRESS	<small>STREET</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>
TELEPHONE:	()	CELL PHONE:	()	
DO YOU HAVE A CURRENT DRIVER'S LICENSE?		STATE		TYPE
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?		YES		NO

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:	SALARY: \$	Per
AVAILABILITY	Will you accept Permanent Work _____ Seasonal Work _____ Either Seasonal or Permanent _____ Can you Work Weekends? _____ Evenings? _____		
ARE YOU EMPLOYED NOW:	IF YES, MAY WE INQUIRE YOUR PRESENT EMPLOYER?		
HAVE YOU APPLIED WITH THE COLORADO CITY METRO DISTRICT BEFORE?	IF SO, WHEN?		

EDUCATION

	NAME AND LOCATION OF SCHOOL	HIGHEST GRADE COMPLETED	SUBJECT/MAJOR
HIGH SCHOOL			
COLLEGE			
OTHER			

ADDITIONAL EDUCATION OR TRAINING INFORMATION

MILITARY

HAVE YOU SERVED IN THE U.S. ARMED FORCES?	DATE OF SERVICE : FROM	TO
BRANCH OF SERVICE:	MILITARY OCCUPATION:	

SPECIAL SKILLS/CERTIFICATIONS/LICENSES

LIST SPECIAL SKILLS OR CERTIFICATIONS/LICENSES THAT YOU FEEL MIGHT ASSIST YOU IN A POSITION WITH THIS COMPANY:

REFERENCES

GIVE THREE REFERENCES, NOT RELATIVES OR FORMER EMPLOYERS:

NAME	ADDRESS	PHONE	OCCUPATION

WORK HISTORY - LIST THREE STARTING WITH THE MOST RECENT

DATES EMPLOYED	NAME AND ADDRESS OF EMPLOYER	DESCRIBE WORK PERFORMED
FROM:		
TO:	Phone:	
LAST POSITION HELD	SUPERVISORS NAME AND TITLE	REASON FOR LEAVING

DATES EMPLOYED	NAME AND ADDRESS OF EMPLOYER	DESCRIBE WORK PERFORMED
FROM:		
TO:	Phone:	
LAST POSITION HELD	SUPERVISORS NAME AND TITLE	REASON FOR LEAVING

DATES EMPLOYED	NAME AND ADDRESS OF EMPLOYER	DESCRIBE WORK PERFORMED
FROM:		
TO:	Phone:	
LAST POSITION HELD	SUPERVISORS NAME AND TITLE	REASON FOR LEAVING

OTHER EXPERIENCE

SUMMARIZE ADDITIONAL WORK HISTORY NOT INCLUDED ABOVE:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT. No YES -GIVE LOCATION, DATE, CHARGE AND DISPOSITION OF CASE(S) BELOW.

IN CASE OF EMERGENCY NOTIFY:

I certify that all facts on this application are true to the best of my knowledge, and that any false statements shall be sufficient cause for rejection or dismissal. I hereby grant permission to investigate any of the information in this application.

_____ SIGNATURE

_____ DATE

WORK HISTORY - LIST THREE STARTING WITH THE MOST RECENT

DATES EMPLOYED	NAME AND ADDRESS OF EMPLOYER	DESCRIBE WORK PERFORMED
FROM:		
TO:	Phone:	
LAST POSITION HELD	SUPERVISORS NAME AND TITLE	REASON FOR LEAVING

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