

EMPLOYMENT APPLICATION
WHEAT RIDGE WATER DISTRICT (WRWD)

email to: barry@wrwdistrict.com

Mail to : Wheat Ridge Water District
Attn: Barry Hudson
P.O. Box 637
Wheat Ridge, CO 80034

Name _____

Address _____
Street City Zip Code

Telephone Number _____ E-mail _____

Best time to call _____

Position Applied for _____

Desired hourly rate of pay \$ _____ Date Available for Work _____

Are you legally eligible for employment in the United States? _____

Will you relocate if the position requires it _____ Will you work overtime _____

Drivers License Number _____ State _____

Have you ever plead guilty or no-contest to, or been convicted of a felony _____

If yes, please describe date(s) and details _____

Professional Licenses, Skills, and Qualifications _____

Education

School	Years Attended	Credits Earned	Degree

Employment History

Employer _____ Address _____

City _____ State _____ Title _____

Dates of Employment _____ to _____

Reason for Leaving _____

Beginning Yearly Salary _____ Ending Yearly Salary _____

Immediate Supervisor's Name _____

Summarize your Job Responsibilities _____

Employer _____ Address _____

City _____ State _____ Title _____

Dates of Employment _____ to _____

Reason for Leaving _____

Beginning Yearly Salary _____ Ending Yearly Salary _____

Immediate Supervisor's Name _____

Summarize your Job Responsibilities _____

Employer _____ Address _____

City _____ State _____ Title _____

Dates of Employment _____ to _____

Reason for Leaving _____

Beginning Yearly Salary _____ Ending Yearly Salary _____

Immediate Supervisor's Name _____

Summarize your Job Responsibilities _____

Professional Organizations and/or Affiliations

Name of Organization	Officer or Position

Is there any other work related information that you would like us to know about you?

Professional References (please try to not list personal references)

Name	Relationship	Years Known	Phone No.

Application Statement – Important, Do Not Sign Until You Have Read

I certify that all of the information I have provided in order to apply for and secure work with this employer is true, complete, and accurate. I understand that falsifying information on this application may prevent me from obtaining employment with this employer. I also understand that providing false information, if discovered after you have obtained employment with this employer may result in immediate termination of employment.

I expressly authorize, without reservation, the employer or its representatives to contact and obtain information from all references provided, past employers, licensing authorities, and educational institutions. I authorize Wheat Ridge Water District to conduct a complete background check on me, including a criminal, medical, and credit background check, prior to offering me employment.

All positions at Wheat Ridge Water District are "At Will" positions. If hired, you are free to resign at any time without cause or notice. The employer reserves the right to terminate my employment at any time with or without cause and without notice, except as may be required by law.

I certify that I have read, fully understand, and accept all terms of the foregoing Application Statement.

Signature of Applicant _____ Date _____

WRWD is an equal opportunity employer. Equal access to programs, services, and employment is available to all persons.