



APPLICATION FOR EMPLOYMENT

Fremont Sanitation District

Please complete entire application. Do not write "see resume".

HOW TO APPLY: Submit Completed Application Via

MAIL: Fremont Sanitation District, 107 Berry Parkway, Cañon City, CO 81212;

FAX: (719) 792-6420 **OR EMAIL:** hr@fsd.co

The Fremont Sanitation District is an Equal Opportunity Employer. Qualified applicants will receive consideration without regard to race, color, religion, creed, national origin, ancestry, gender, age, sexual orientation, disability, marital status, military status, or any other legally protected status. If you need assistance in completing this application, please feel free to contact our office at (719) 269-9050 or visit us at 107 Berry Parkway, Cañon City, CO 81212.

Name: _____ **Date:** _____
(First) (M.I.) (Last)

Address: _____
Street City State Zip

Mailing Address, if different from above: _____

Telephone (Home): () _____ **Other:** () _____ **Email:** _____

Position Applied For: _____ **Date You Can Start:** _____

Is the posted salary acceptable: Yes No If NO, minimum salary requirement: \$ _____

Referred by: _____

Are you willing to work: Overtime Shifts Part-Time Evenings Weekends Temporary

If previously employed by the District, list job(s) and date(s): _____

Are you at least 18 Years of Age? Yes No If under 18, can you provide proof of eligibility to work? Yes No

Do any relatives by blood, marriage, or adoption work for the District or serve in an elected or appointed position for the District? Yes No If yes, list name(s): _____

EDUCATION	NAME & ADDRESS OF SCHOOL	NO. OF YEARS COMPLETED	TYPE OF DIPLOMA, DEGREE, or CERTIFICATE EARNED
High School/GED			
College			
Post-Graduate			
Trade/Technical/Other			

Do you have a valid driver's license? Yes No

(If the job you are applying for requires a valid driver's license you will be required to provide necessary information for verification).

Do you have a commercial driver's license? Yes No List all endorsements: _____

EMPLOYMENT EXPERIENCE: (List three most recent employers, starting with the current employer. Attach additional pages if needed).

Name of Employer		Telephone	
Address		Employed From:	Employed To:
Your Title	Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		How Many Supervised?	
Duties:			
Name of Employer		Telephone	
Address		Employed From:	Employed To:
Your Title	Supervisor		
Reason for Leaving		How Many Supervised?	
Duties:			
Name of Employer		Telephone	
Address		Employed From:	Employed To:
Your Title	Supervisor		
Reason for Leaving		How Many Supervised?	
Duties:			

Please list job related skills and/or specialized training:

Please list licenses and/or certifications held:

Professional Organizations and/or Affiliations:

Name of Organization	<u>Position Held</u>

Professional References: (include only individuals familiar with your work ability. Do not include relatives.)

Name	Relationship	Year(s) Known	Contact Information

CERTIFICATION OF APPLICANT
(PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING)

- I certify that all information provided in this employment application is true and complete. I understand that any false information, misrepresentation of facts, or omission may disqualify me from further consideration for employment and may result in immediate termination at any time during my employment.
- I authorize the Fremont Sanitation District and/or its representatives, to verify any or all statements contained in this application. I also authorize any persons, education institutions, licensing authorities, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.
- I understand that as a condition of employment, all applicants selected for employment with the District must undergo a thorough criminal background check and a drug screening (as applicable) per District Policy.
- I understand that if I am extended an offer of employment it may be conditioned upon my successfully completing any required examinations. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand that if I am extended an offer of employment, it will be conditional upon my agreement to District policies. I further understand that this application does not create a contract of employment.
- I acknowledge that all employment with the Fremont Sanitation District is "AT-WILL" and of an indefinite duration, and that either employee or the District may separate employment at any time, with or without cause or notice.

I certify that I have read, fully understand, and accept all terms and by my signature consent to these and all statements contained within this application.

Signature: _____ Date: _____

THIS APPLICATION FOR EMPLOYMENT WILL REMAIN ON FILE FOR A PERIOD OF ONE YEAR.