

El Paso Water Improvement District No.1  
**APPLICATION FOR EMPLOYMENT**

El Paso County Water Improvement No.1(EPCWID1) is an equal opportunity employer. EPCWID1 does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

**PERSONAL INFORMATION**

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Are you eligible to work in the U.S.? \_\_\_Yes \_\_\_No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)  
\_\_\_Yes \_\_\_No

Have you ever been terminated from employment or asked to resign by an employer? \_\_\_Yes  
\_\_\_No

If yes, please provide company names and details \_\_\_\_\_

Can you work any shift? \_\_\_Yes \_\_\_No If no, explain: \_\_\_\_\_

Can you work overtime, including weekends? \_\_\_Yes \_\_\_No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? \_\_\_Yes \_\_\_No

**EMPLOYMENT DESIRED**

Date you can start \_\_\_\_\_ Hourly rate/Salary desired \_\_\_\_\_

Position desired \_\_\_\_\_

Are you currently employed? \_\_\_ If so may we inquire of your present employer? \_\_\_\_\_

**REFERRAL SOURCE**

How did you hear about us? \_\_\_Walk In \_\_\_Advertisement \_\_\_Referral \_\_\_Other

Have you ever worked for this company before?

\_\_\_Yes \_\_\_No Explain \_\_\_\_\_

Do you know anyone who works for our company? \_\_\_\_ Yes \_\_\_\_ No

If yes, who? \_\_\_\_\_

EDUCATION	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or University			
Trade, Business or Correspondence School			

**EMPLOYMENT HISTORY** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.

*Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	

Do you have any skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, please explain:

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**Please read carefully before signing.**

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for EPCWID1 to hire me. If I am hired, I understand that either EPCWID1 or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of EPCWID1 has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to EPCWID1 true and complete information on this application. No requested information has been concealed. I authorize EPCWID1 to order consumer or investigative reports containing financial and other personal information, to include, checks of criminal convictions, driving history, verification of employment and education data and, for positions that include cash handling or fiduciary responsibilities, financial histories. If I become employed by EPCWID1, this authorization shall remain in effect and serve as ongoing authorization for EPCWID1 to obtain consumer or investigative reports at any time during my employment.

Applicant's Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM DATE ABOVE**