

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

PRINT IN INK OR TYPE. Please follow instructions exactly. Complete both sides of the application form and be sure to sign it. If questions are not applicable, enter "NA". Do not leave questions blank. Resumes will be accepted in addition to the application. EPCWID considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the disability of qualified persons, sexual orientation, or any other legally protected status. EPCWID is an equal opportunity employer and promotes a drug-free and alcohol-free work environment.

NAME _____
(Last) (First) (Middle)

ADDRESS (Current) _____
(Street) (City) (County) (State) (Zip Code)

JOB VACANCY OR JOB APPLIED FOR _____

Are you 18 years old or older? Yes No

Are you legally authorized to work in the United States? Yes No *(Proof of citizenship or legal authorization will be required upon employment.)*

EDUCATION:

- Less than high school High school diploma or GED Technical school Some college Two-year college Bachelor's degree
 Some graduate study Master's degree Professional degree (J.D., M.D., D.O.) Ph.D. Post-doctorate

(Note: Transcripts may be required for verification of education.)

PHONE _____
(Home Number) (Work, Cellular, or Pager Number)

Social Security No. _____ Date available to work _____

Are you willing to travel? Yes No If yes, what percent of the time? _____

Driver's License _____ Class A B C
(State) (Number)

Do you have any relatives working for the EPCWID? Yes No If yes, list name(s) and relationship(s) _____

Have you ever worked for the EPCWID? Yes No If yes, under what name where you employed? _____

Salary preferred \$ _____ Full Time Part Time (# of hours per week) _____

Are you willing to work including evenings or weekends? Yes No If yes, when _____

Computer software skills *(Check those for which you possess advanced experience or knowledge):*

- Excel Word Power Point GIS AutoCAD

Other _____

Typing Speed: 10-30 words per minute (wpm) 30-50 wpm More than 50 wpm

Type of School (College, Tech.)	Name & Location of School (Name of School/City/State)	Type of Degree	Dates Attended				Number of Hrs. Completed	Graduated		Major Field Of Study
			From		To			Yes	No	
			Mo	Yr	Mo	Yr				

Current Licenses/Certifications/Registrations (Include types and dates received): _____

CERTIFICATION

I hereby certify that the foregoing statements as well as those on any attachment(s) to this form are, to the best of my knowledge, true and correct and that they are all given of my own free will. I agree that any misstatement(s) as to material facts will constitute grounds for disqualification for and dismissal from employment. I understand that, if employed, I will serve an initial qualifying period. I understand that this application is the property of the El Paso County Water Improvement District No. 1 and will become a part of my personnel file if I am hired. As a condition to employment with the EPCWID, I understand that I may be **required to undergo a post-offer/pre-employment medical examination, and that I may be required to pass a drug and/or alcohol test. I hereby consent to such examination(s).**

Applicant's Signature: _____ Date _____

ACKNOWLEDGMENT OF EMPLOYMENT RELATIONSHIP

I understand and agree that employment with EPCWID is at-will and may be terminated at any time by EPCWID or me without liability. I understand that no representative of EPCWID, other than the Board of Directors, has any authority to enter into a contract for employment for any specific period of time or to make any agreement contrary to the foregoing. Furthermore, I understand and agree that any such agreement will not be enforceable unless it is in writing and signed by both the President of the Board of Directors and me.

Applicant's Signature: _____ Date _____

MONITORING DATA INFORMATION

Name _____ S.S.# _____

Job Title Applied for _____ Job Listing Number _____

CHECK APPROPRIATE BOX (ES):

SPECIFIC REFERRAL SOURCE:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Male | Military Status (check one) | <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> EPCWID Web Page |
| <input type="checkbox"/> Female | <input type="checkbox"/> No Military Service | <input type="checkbox"/> Former Employee | <input type="checkbox"/> College Recruitment |
| | <input type="checkbox"/> Active Reserve | <input type="checkbox"/> Walk-In | <input type="checkbox"/> Open House |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Inactive Reserve | <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Internet Ad |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Veteran (non-Vietnam) | <input type="checkbox"/> Job Fair | <input type="checkbox"/> Employee |
| <input type="checkbox"/> Black | <input type="checkbox"/> Vietnam Veteran | <input type="checkbox"/> Exec. Research Firm | <input type="checkbox"/> Phone Inquiry |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Retired | <input type="checkbox"/> EPCWID Customer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> White | | | |
| <input type="checkbox"/> Over 40 | | | |

I understand that this information is needed to comply with federal and state employment requirements. The information requested will not be considered in the selection process.

Signature: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern,

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. A photocopy of this authorization may be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer that may provide information based upon this authorized request. I understand this authorization is to be part of the written application that I sign.

Printed Name: _____ Social Security #: _____

Applicant's Signature: _____ Date _____

EMPLOYMENT RECORD: Please indicate at least the last 10 years of employment. Start with present or most recent positions and work back. Use additional sheets if necessary.

Employer: Mailing Address: City, State & Zip:			Type of Business: Immediate Supervisor: Phone No.:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Start Date	Departure Date	Starting Position Title	Present or Last Title	Starting Salary	Ending Salary
Briefly describe your duties and responsibilities:					
Explain reason for leaving:			May EPCWID contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer: Mailing Address: City, State & Zip:			Type of Business: Immediate Supervisor: Phone No.:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Starting Date	Departure Date	Starting Position Title	Last Position Title	Starting Salary	Ending Salary
Briefly describe your duties and responsibilities:					
Explain reason for leaving:			May EPCWID contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer: Mailing Address: City, State & Zip:			Type of Business: Immediate Supervisor: Phone No.:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Starting Date	Departure Date	Starting Position Title	Last Position Title	Starting Salary	Ending Salary
Briefly describe your duties and responsibilities:					
Explain reason for leaving:			May EPCWID contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer: Mailing Address: City, State & Zip:			Type of Business: Immediate Supervisor: Phone No.:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Start Date	Departure Date	Starting Position Title	Present or Last Title	Starting Salary	Ending Salary
Briefly describe your duties and responsibilities:					
Explain reason for leaving:			May EPCWID contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer: Mailing Address: City, State & Zip:			Type of Business: Immediate Supervisor: Phone No.:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Start Date	Departure Date	Starting Position Title	Present or Last Title	Starting Salary	Ending Salary
Briefly describe your duties and responsibilities:					
Explain reason for leaving:			May EPCWID contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer: Mailing Address: City, State & Zip:			Type of Business: Immediate Supervisor: Phone No.:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Starting Date	Departure Date	Starting Position Title	Last Position Title	Starting Salary	Ending Salary
Briefly describe your duties and responsibilities:					
Explain reason for leaving:			May EPCWID contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer: Mailing Address: City, State & Zip:			Type of Business: Immediate Supervisor: Phone No.:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Starting Date	Departure Date	Starting Position Title	Last Position Title	Starting Salary	Ending Salary
Briefly describe your duties and responsibilities:					
Explain reason for leaving:			May EPCWID contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer: Mailing Address: City, State & Zip:			Type of Business: Immediate Supervisor: Phone No.:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Start Date	Departure Date	Starting Position Title	Present or Last Title	Starting Salary	Ending Salary
Briefly describe your duties and responsibilities:					
Explain reason for leaving:			May EPCWID contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Notice

This is to inform you that as part of the El Paso County Water Improvement District No.1's procedure for processing your employment application, we may obtain from a credit reporting agency a consumer report containing personal information about you, including driving record and criminal history.

We will not obtain such a report without your signed authorization.

EPCWID complies with the Fair Credit Reporting Act, which provides consumers with rights regarding consumer reports and which places specific obligations on employers using credit reports.

Authorization to Obtain a Consumer Report

I authorize the El Paso County Water Improvement District No. 1 to order consumer or investigative reports containing financial and other personal information about me from a consumer-reporting agency as part of EPCWID's investigation into my application for employment. Examples of the types of consumer and investigative reports that may be obtained 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 EPCWID, this authorization shall remain in effect and serve as ongoing authorization for EPCWID to obtain consumer or investigative reports at any time during my employment.

Applicant's Signature:

_____ Date: _____

Print name:
