

**COPPER MOUNTAIN CONSOLIDATED METROPOLITAN DISTRICT  
EMPLOYMENT APPLICATION**

This application must be filled out completely. Please email completed application with other requested materials to [hr@cmcmdi.com](mailto:hr@cmcmdi.com).

**APPLICANT INFORMATION:**

Last Name: \_\_\_\_\_

First Name, Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Title of Position You are Applying for: \_\_\_\_\_

Have you ever been convicted of a crime? YES \_\_\_ NO \_\_\_ If yes, attach a separate sheet to this application and fully explain the circumstances of each incident including, but not limited to, the date, location, and specific charge(s) for which you were convicted. Attach this information to this application. A conviction is not necessarily an obstacle to employment.

Can you work legally in the United States? YES \_\_\_ NO \_\_\_ If hired, you will be required to provide documentation showing eligibility for employment in the United States and personal identification.

**EDUCATION AND TRAINING**

Name of School or Program	Location (City, State)	Degree, Diploma or Certificate
High School		
Business School, Votech School, College, or University		
Business School, Votech School, or College or University		

List certificates, licenses and registrations you possess.

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_





Name of Employer:		Type of Business:	Title of Position Held:	
Employer's Mailing Address:			Reason for Leaving:	
Employer's Phone Number:		Date of Hire:	Date of Termination:	
Hours per Week:	Number of Employees Supervised:	Beginning Salary:	Ending Salary:	

Please identify most important duty/task performed and percentage of time spent on each.

Description of Duty/Task	%	Description of Duty/Task	%

### REFERENCES

Provide the names, addresses, and phone numbers of three personal references, not related to you by blood, marriage, or adoption.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ How Many Years?: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ How Many Years?: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ How Many Years?: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE  
SIGNING AND DATING THIS APPLICATION FORM.**

I hereby certify that all statements made in my employment application package are true, and I understand that any false statement of material facts therein may be cause for my termination from employment with Copper Mountain Consolidated Metropolitan District, notwithstanding any rights I may believe I have, now or in the future, pursuant to the District's Employee Policy Handbook. I understand that any misrepresentation, falsification, or material omission of information may result in my failure to receive an offer, or if I have been hired, in my dismissal from employment regardless of length of employment. I understand that neither this document, nor any offer of employment from the district, constitutes an employment contract and that the District is an "at will" employer. I further acknowledge that to be considered for employment with the District, I may be required to submit to a post-offer employment physical examination, reference checks and/or a criminal history background check. I understand that additional information may be required of me during the District's selection and hiring process, and I understand and agree that this paragraph applies to any supplemental information provided by me at a later date as part of this application process. Upon employment with the District, I further acknowledge the District's Employee Policy Handbook as part of my employment relationship with the District.

I hereby acknowledge that I have read and agree to the above statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

**COPPER MOUNTAIN CONSOLIDATED METROPOLITAN DISTRICT  
IS AN  
EQUAL OPPORTUNITY EMPLOYER**

**LEAVE THIS SPACE BLANK  
For District Use Only**

Date received: \_\_\_\_\_ Hiring Authority's Name: \_\_\_\_\_  
Application Package Complete? Yes \_\_\_ No \_\_\_  
Sufficient Experience? Yes \_\_\_ No \_\_\_  
Sufficient Education? Yes \_\_\_ No \_\_\_  
Sufficient Certification? Yes \_\_\_ No \_\_\_

**NOTES**

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