

**COPPER MOUNTAIN CONSOLIDATED METROPOLITAN DISTRICT
EMPLOYMENT APPLICATION**

This application must be filled out completely. Please email completed application with other requested materials to rmartin@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: _____

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.

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:		

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 laws of the State of Colorado. 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.

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

