

EMPLOYMENT HISTORY

Beginning with your current or most recent position, list your employment for at least the last seven (7) years. You may include volunteer and military experience. Use additional sheets if necessary.

Name of Employer	Name under which you were employed	Type of Business	
Address:		Phone:	
Reason for Leaving	May We Contact Now?	Name of Supervisor	
Title of Position Held	Employed From: _____ To: _____	Hrs. Per Week	Last Salary

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

Description of Task	Approx % of time
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of employees you supervised? ____

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_____	_____
_____	_____

Number of employees you supervised? ____

Please read the following statement carefully before signing and dating this application form.

I hereby certify that all statements made in this application are true, and I understand that any false statement of material facts herein may cause forfeiture on my part of all rights to any employment with Copper Mountain Consolidated Metropolitan District. 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 a criminal history background check. I understand that additional information may be required of me. I further understand and agree that this paragraph applies to any supplemental information provided by me at a later date as part of this application. Upon employment with the District, I further acknowledge the current Personnel Policy Manual as part of my employment responsibilities 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 internal review only

Date received: _____ Supervisor name: _____

Completed Application? Yes ___ No ___

Sufficient Experience? Yes ___ No ___ Sufficient Education Yes ___ No ___

Sufficient Certification? Yes ___ No ___