COPPER MOUNTAIN CONSOLIDATED METROPOLITAN DISTRICT EMPLOYMENT APPLICATION

This application must be filled out completely. Please email completed application with other requested materials to epankevicius@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 Sta you will be required to provide docur in the United States and personal identific	mentation showing	
EDUCATION	AND TRAIN	I N G
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.	

EMPLOYMENT HISTORY

Beginning with your current position, document your employment for the past ten years.

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Name of Employer:		Type of Busin		iess:		Title of Position Held:		
Employer's Mailing	g Address:			Re	ason for Le	eaving:		
E1	NT1	D-4£1	T:			D-4	6.T	
Employer's Phone 1	Number:	Date of l	Hire:			Date of	of Termination:	
Hours per Week:	Number o	of Employ	ees					
-	Supervise	ed:						
Please identify most	important	duty/task	perfo	rmec	d and perce	ntage of	time spent on ea	ich.
Description of	of Duty/Tasl	ζ	%		Desc	cription o	f Duty/Task	%
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Name of Employer:	•	Type of	Busir	iess:		Title o	of Position Held:	
Employer's Mailing	g Address:			Re	ason for Le	eaving:		
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Employer's Phone 1	Number:	Date of l	Hire:			Date of	of Termination:	
Hours per Week:	Number o	of Employ	ees					
•	Supervise							
Please identify most	important	duty/task	perfo	rmec	d and perce	ntage of	time spent on ea	ich.
Description of	of Duty/Tasl	ζ	%		Desc	cription o	f Duty/Task	%
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Name of Employer	:	Type of Business:		SS:	Title of Position Held:			
Employer's Mailing	g Address:]	Reason for Le	eaving:		
Employer's Phone	Number:	Date of	Hire:			Date o	f Termination:	
Hours per Week:	Number of Supervise		/ees					
Please identify most			perfo	orn	ned and perce	ntage of	time spent on ea	ach.
Description	of Duty/Tas	k	%		Des	cription o	f Duty/Task	%
Name of Employer	•	Type of	Busi	nes	SS:	Title o	f Position Held:	
r		JF -						
Employer's Mailing	g Address:]	Reason for Le	eaving:		
Employer's Phone	Number:	Date of	Hire:			Date o	f Termination:	
Hours per Week:	Number of Supervise		/ees					
Please identify most	important	duty/task	perfo	orm	ned and perce	ntage of	time spent on ea	ach.
Description of Duty/Task		k	%		Des	cription o	f Duty/Task	%
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Name of Employer	Tame of Employer: Typ		ness:	Title o	Title of Position Held:	
F 1 2 M '1'	A 11		D C	T .		
Employer's Mailing	g Address:		Reason fo	or Leaving:		
Employer's Phone	Number:	Date of Hire:		Date of	of Termination:	
Hours per Week:		of Employees				
	Supervise					
Please identify most	-				<u> </u>	ach.
Description	of Duty/Tasl	(%	_	Description of	f Duty/Task	%
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		REFE	RENCES			
Provide the na			-		-	sonal
references, not	related to	o you by blo	od, marria	age, or ado	option.	
Name:						
Relationship:					any Years?:	
Mailing Address:						
Phone Number:						
Name:						
Relationship:					any Years?:	
Mailing Address:						
Phone Number:						
Name:						
Relationship:					any 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 EOUAL OPPORTUNITY EMPLOYER

LEAVE		S SPACE BLANK trict Use Only	
Date received:	Hiring A	Authority's Name:	
Application Package Complete?	Yes	No.	
Sufficient Experience?	Yes	No No	
Sufficient Education?	Yes	No	
Sufficient Certification?	Yes	No	
	N	NOTES	
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