



835 E US Highway 56, Berthoud, Colorado 80513 Phone:
970-532-2096
Facsimile: 970-532-3734
littlethompsonwater@gmail.com
www.ltwd.org

APPLICATION FOR EMPLOYMENT

We appreciate your interest in the Little Thompson Water District (LTWD). The LTWD believes that all persons are entitled to equal employment opportunity and does not discriminate against applicants because of race, gender, color, religion, sexual orientation, age, national origin, disability, medical condition, marital status, and, veteran status, or on any other basis protected by law. The LTWD strives to include individuals with disabilities in its application and interview process. If you would like to request reasonable accommodation to participate in the process, please let us know.

If a question or section does not apply to you, put N/A; DO NOT LEAVE A SECTION BLANK. If you need additional space to respond to any section, attach a sheet of paper with the written information. You are responsible for obtaining correct and complete addresses. All information is subject to verification. Any deliberate misstatements, misrepresentations or omissions by you are cause for disqualification. The information requested henceforth is used for determining your qualifications and suitability for a position with this agency.

GENERAL INFORMATION

Please complete all requested information.

| | | | | |
|--|--------------|---------------|---|-----------------|
| Today's Date: | | | Position Applying For: | |
| Name (Last) | Name (First) | Name (Middle) | Date Available for Work: | |
| Street Address | | | Are you at least 18 years old? | Yes No |
| | | | If not, do you have a work permit? | Yes No |
| City | State | Zip | Telephone (Home): | Cell Phone: |
| | | | Telephone (Work): | E-mail Address: |
| Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record? If, so, please list other names below: | | | Are you available to work: Evenings? Weekends? | |
| Have you previously worked for or applied for a position with the Little Thompson Water District? Yes No If yes, please explain when and, if employed, in what capacity: | | | Do you have any relatives/friends now employed with the Little Thompson Water District? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name(s), and relationship: | |

PERMISSION TO WORK

If hired, can you present evidence of your US Citizenship or proof of your legal right to work in the US, established by the US citizenship and immigration services?
Yes No



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REFERRAL INFORMATION

How did you learn about the LTWD?

Employment Agency: _____ Referral: _____

☐ Internet Website (LTWD or other) (Please List): _____ ☐ Other:

WORK EXPERIENCE

Please specify your complete full-time, part-time, or temporary employment history, including self-employment and any military service for the last ten (10) years. Begin with your most recent employer.

| | | | | |
|--------------------------------------|---------------|-------|--------------|--|
| 1. | Company Name: | | | Telephone: () |
| Street | | City | State | Employed: (Month and Year) FT PT From: To: |
| Supervisor Name | | Title | Phone Number | |
| Job Title and Work Responsibilities: | | | | Reason for Leaving: |
| | | | | |
| 2. | Company Name: | | | Telephone: () |
| Street | | City | State | Employed: (Month and Year) FT PT From: To: |
| Supervisor Name | | Title | Phone Number | |
| Job Title and Work Responsibilities: | | | | Reason for Leaving: |
| | | | | |
| 3. | Company Name: | | | Telephone: () |
| Street | | City | State | Employed: (Month and Year) FT PT From: To: |
| Supervisor Name | | Title | Phone Number | |
| Job Title and Work Responsibilities: | | | | Reason for Leaving: |
| | | | | |



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|--------------------------------------|---------------|-------|--------------|--|--|
| 4. | Company Name: | | | Telephone: () | |
| Street | | City | State | Employed: (Month and Year) FT PT From: To: | |
| Supervisor Name | | Title | Phone Number | | |
| | | | | | |
| Job Title and Work Responsibilities: | | | | Reason for Leaving: | |

Please explain any gaps in your employment

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All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to any offer of employment? Yes No

Please identify any job from which you were fired, asked to resign or involuntarily separated and please describe reason

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PROFESSIONAL REFERENCES

Individuals not related to you. Business references preferred.

| Name | Occupation | Phone | Address | Years Known and Capacity |
|------|------------|-------|---------|--------------------------|
| | | | | |
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PERSONAL REFERENCES

Individuals not related to you.

| Name | Occupation | Phone | Address | Years Known and Capacity |
|------|------------|-------|---------|--------------------------|
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Activities. Please list specific extracurricular, community, military or other activities, awards, honors, or offices that may be relevant to the position you seek:

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EDUCATION & TRAINING

Yes/No Please include name, street, city, state and zip code for each school

| School | Name and Location of School | Number of Years Completed | Degree Awarded - Yes/No | Type of Course/Major |
|----------------------------------|-----------------------------|---------------------------|----------------------------|----------------------|
| High School | | | | |
| Business/ Trade/ Technical | | | | |
| College | | | | |
| Graduate | | | | |

PROFESSIONAL CERTIFICATIONS

Please list all professional certifications, including when awarded and expiration year, if relevant.

| Certification | Awarding Entity | Year Awarded | Expiration Year |
|---------------|-----------------|--------------|-----------------|
| | | | |
| | | | |
| | | | |

Foreign Language Skills: Please list foreign languages and your ability level for each by placing an "X" in the proper column.

| Language | Reading | | | Speaking | | | Understanding | | | Writing | | |
|----------|---------|------|------|----------|------|------|---------------|------|------|---------|------|------|
| | Exc | Good | Fair | Exc | Good | Fair | Exc | Good | Fair | Exc | Good | Fair |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Do you have any other experience, skills, or qualifications which you feel would benefit the Little Thompson Water District?
 Please explain:

Computer Skills.

Remarks. Please include any other information you think would be helpful to us in considering your employment.



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ADDITIONAL EMPLOYMENT INQUIRIES

If applying for a position that will include driving:

Driver's License Information: State: _____ Number: _____ Expiration Date: Restrictions or

Suspensions (respond fully if driving is required by the job for which you are applying):

If hired, you may be required to provide proof of insurance coverage.

Criminal Convictions.

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Do not include convictions that were sealed or expunged pursuant to a court order.

Have you committed any misdemeanors in the last five years, including, but not limited to the following: Driving under the influence of drugs or alcohol, harassment, disorderly conduct, theft under \$400.00, Domestic Violence, assault without deadly weapon, possession, use or sale of marijuana or its derivatives, criminal mischief, trespassing:

Yes _____ No _____ Please explain any "Yes" answer. Use additional paper if necessary.

Have you committed any felonies in the last seven years, including, but not limited to the following: Driving under the influence of drugs or alcohol, arson, burglary, assault with a deadly weapon, robbery, auto theft, forgery, fraud, criminal mischief, theft over \$400.00, possession, use sale of illegal substances other than marijuana or its derivatives. Domestic Violence or any other felonies:

Yes _____ No _____ Please explain any "Yes" answer. Use additional paper if necessary.

APPLICANT'S CERTIFICATION

I affirm, under penalty of perjury, that the information contained in this application is true and correct to the best of my knowledge. I am aware that withholding pertinent information or including information found to be grossly inaccurate will be cause for refusing further consideration of my application. I hereby authorize my former employers to give information regarding my employment with them, and in addition, to furnish any other information regarding myself. I understand this is not to be considered as an indication of probable appointment nor an obligation upon the Little Thompson Water District, to make an appointment, but as part of the selection process only. All information submitted as a part of this application has been provided voluntarily. I further understand that upon submission this application, and any supporting documentation, will become the property of the Little Thompson Water District.

Signature of Applicant: _____ Date: _____



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AUTHORIZATION FOR RELEASE OF INFORMATION

CONCERNING THE APPLICATION OF: _____ (Applicant – Print Name)

I hereby authorize the release of all information and records concerning myself to any agent of the Little Thompson Water District (LTWD).

The intent of this authorization is to give my consent for complete disclosure of information regarding my background, reputation and character. This includes, but is not limited to: records of educational institutions; military records; employment and pre-employment records; training records; financial or credit records; complaints or grievances filed by or against me; records of investigation, complaint, arrest trial and / or convictions for alleged or actual violations of law; records of civil complaints made by or against me; and verbal or written statements by any person, however personal or confidential they may appear to be. I respectfully request and direct you to release all such information upon request of any representative of the LTWD, regardless of any agreement to the contrary I may have previously made with you.

I understand that the above information is for use by the LTWD in conducting background investigation to determine my suitability for employment and will be kept confidential. I understand that all materials obtained become the property of the LTWD and will not be released to me. In the event my application is disapproved, the specific reason therefore cannot be revealed to me.

I understand that I have rights guaranteed by law to privacy with regards to the disclosure and access of records or information concerning me, and I voluntarily, knowingly, and willingly waive those rights with the understanding that the information furnished will be used by the LTWD in conjunction with employment procedures.

For and in consideration of the acceptance and processing of my application for employment, I agree to hold the LTWD, its agents, and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Little Thompson Water District.

I agree to indemnify and hold harmless any person or organization and their agents and employees to whom this request is presented, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

A photocopy or fax of this release form will be valid as an original hereof, even though said photocopy does not contain my original signature.

Applicant Signature: _____

Complete Address: _____

Phone #: _____

11/101/2016