

ASPEN CONSOLIDATED SANITATION DISTRICT

565 N. MILL STREET, ASPEN, CO 81611
VOICE (970) 925-3601 / FAX (970) 925-2537

PAUL SMITH, CHAIRMAN
MICHAEL KELLY, VICE CHAIRMAN
JOHN KELEHER, SECY/TREASURER

FRANK LOUSHIN
ROY HOLLOWAY
BRUCE MATHERLY, MGR

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR _____

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY # _____

PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (____) _____ REFERRED BY _____

IS ANYONE RELATED TO YOU WHO IS CURRENTLY WORKING FOR THE DISTRICT? IF SO,
PLEASE LIST THEIR NAME AND RELATIONSHIP _____

EDUCATIONAL HISTORY

HIGH SCHOOL _____

CITY _____ STATE _____

YEARS ATTENDED _____ DIPLOMA GRANTED _____

COLLEGE OR
UNIVERSITY _____

CITY _____ STATE _____

MAJOR _____ MINOR _____

YEARS ATTENDED _____ DEGREE (S) _____

HONORS _____ SPECIAL PROJECTS _____

TRADE OR TECHNICAL SCHOOL _____

CITY _____ STATE _____

YEARS ATTENDED _____ DIPLOMA GRANTED _____

HONORS _____ SPECIAL PROJECTS _____

EMPLOYMENT HISTORY

START WITH PRESENT OR LAST POSITION AND WORK BACKWARDS

BUSINESS NAME _____

ADDRESS _____ TELEPHONE (____) _____

CITY _____ STATE _____ ZIP CODE _____

IMMEDIATE SUPERVISOR _____ EMPLOYED FROM _____ To _____

TITLE _____

RESPONSIBILITIES _____

REASON FOR LEAVING _____

BUSINESS NAME _____

ADDRESS _____ TELEPHONE (____) _____

CITY _____ STATE _____ ZIP CODE _____

IMMEDIATE SUPERVISOR _____ EMPLOYED FROM _____ To _____

TITLE _____

RESPONSIBILITIES _____

REASON FOR LEAVING _____

BUSINESS NAME _____

ADDRESS _____ TELEPHONE (____) _____

CITY _____ STATE _____ ZIP CODE _____

IMMEDIATE SUPERVISOR _____ EMPLOYED FROM _____ To _____

TITLE _____

RESPONSIBILITIES _____

REASON FOR LEAVING _____

BACKGROUND INFORMATION

SPECIFIC JOB SKILLS _____

DRIVER'S LICENSE # _____ STATE _____ CLASS _____

SPECIAL LICENSES, CERTIFICATIONS OR PERMITS _____

HAVE YOU EVER SERVED IN THE MILITARY? IF SO, WHICH SERVICE? _____

ARE YOU ON ACTIVE RESERVE STATUS? _____ BRIEFLY DESCRIBE ANY SPECIAL

MILITARY TRAINING OR EXPERIENCE RELATED TO THE POSITION FOR WHICH YOU'RE

APPLYING _____

GENERAL HEALTH INFORMATION

DO YOU HAVE ANY SPECIAL DISABILITIES THAT WOULD RELATE REASONABLY, TO YOU YOUR FITNESS TO PERFORM, IN THE POSITION FOR WHICH YOU HAVE APPLIED? _____

PERSONAL AND PROFESSIONAL REFERENCES

PLEASE LIST PERSONS NOT DIRECTLY RELATED TO YOU WHO CAN TESTIFY AS TO YOUR QUALIFICATIONS AND/OR CHARACTER.

NAME _____ TELEPHONE (____) _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ RELATIONSHIP _____

NAME _____ TELEPHONE (____) _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ RELATIONSHIP _____

NAME _____ TELEPHONE (____) _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ RELATIONSHIP _____

STATEMENT

I AFFIRM THAT THE STATEMENTS MADE ON THIS APPLICATION TO THE BEST OF MY KNOWLEDGE ARE CORRECT AND THAT MY BACKGROUND CAN BE INVESTIGATED BY ACSD TO VERIFY THESE CLAIMS. ANY WILLFUL MISSTATEMENT SHALL BE CONSIDERED GROUNDS FOR MY DISMISSAL FROM ASPEN CONSOLIDATED SANITATION DISTRICT. I FURTHER UNDERSTAND THAT DURING THE FIRST SIX (6) MONTHS OF MY EMPLOYMENT WITH THE DISTRICT, I WILL BE CONSIDERED ON PROBATION AND SUBJECT TO RELEASE WITHOUT PREJUDICE AT ANY TIME DURING THIS TIME PERIOD.

SIGNED _____ DATE _____