



# GVR Metropolitan District

18650 East 45th Avenue • Denver, Colorado 80249

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Job applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full Time \_\_\_\_ Part Time \_\_\_\_ Temporary \_\_\_\_ When could you start work? \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name Telephone Number

\_\_\_\_\_  
Present Street Address City State Zip Code

Are you 18 years of age or older? ..... Yes \_\_\_\_ No \_\_\_\_  
(if you are hired, you may be required to submit proof of age)

Social Security # (optional) \_\_\_\_\_

If hired, can you furnish proof that you are eligible to work in the U.S.? ..... Yes \_\_\_\_ No \_\_\_\_

Have you ever applied here before? Yes \_\_\_\_ No \_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever applied here before? Yes \_\_\_\_ No \_\_\_\_ If yes, when? \_\_\_\_\_

Do you have relatives working here? If yes, give names \_\_\_\_\_

Have you ever been convicted of any law violation? (Include any pleas of "guilty" or "no contest". Exclude minor traffic violations)

Yes \_\_\_\_ No \_\_\_\_ If yes, give details \_\_\_\_\_

If employed, do you expect to be engaged in any additional businesses or employment outside of our job? Yes \_\_\_\_ No \_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license? ..... Yes \_\_\_\_ No \_\_\_\_

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years? ..... Yes \_\_\_\_ No \_\_\_\_

If yes, give details: \_\_\_\_\_

List Professional trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, disability or other protected status.) \_\_\_\_\_

\_\_\_\_\_

List Name and Address of Schools	Number of Years Completed	Diploma/ Degree/Certificate	Subjects Studied
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			
What skills or additional training do you have that relate to the job for which you are applying? _____			
_____			
What machines or equipment can you operate that relate to the job for which you are applying? _____			
_____			

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of employer:	Job Title and Duties:
Address:	Dates of Employment (Mo/Yr) From: _____ To: _____
City, State, Zip:	Pay Start: _____ Final: _____
Supervisor(s):	Reason for Leaving:
Name of employer:	Job Title and Duties:
Address:	Dates of Employment (Mo/Yr) From: _____ To: _____
City, State, Zip:	Pay Start: _____ Final: _____
Supervisor(s):	Reason for Leaving:
Name of employer:	Job Title and Duties:
Address:	Dates of Employment (Mo/Yr) From: _____ To: _____
City, State, Zip:	Pay Start: _____ Final: _____
Supervisor(s):	Reason for Leaving:

Have you worked or attend school under any other name? ..... Yes \_\_\_ No \_\_\_  
If yes, give names: \_\_\_\_\_

Are you presently employed? ..... Yes \_\_\_ No \_\_\_  
If yes, whom should we contact? \_\_\_\_\_

Have you ever been fired from a job or asked to resign? ..... Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_

Give three references, not relatives or former employers

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen, as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE IF EMPLOYED. I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT NOTICE.

I HAVE READ, UNDERSTAND AND BY MY SIGNATURE, CONSENT TO THESE STATEMENTS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application for employment will remain active for a limited time. Ask the organization's representative for details.