

EMPLOYMENT APPLICATION  
WHEAT RIDGE WATER DISTRICT (WRWD)

email to: barry@wrwdistrict.com

Mail to : Wheat Ridge Water District  
Attn: Barry Hudson  
P.O. Box 637  
Wheat Ridge, CO 80034

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Best time to call \_\_\_\_\_

Position Applied for \_\_\_\_\_

Desired hourly rate of pay \$ \_\_\_\_\_ Date Available for Work \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

Will you relocate if the position requires it \_\_\_\_\_ Will you work overtime \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Social Security Number \_\_\_\_\_

Have you ever plead guilty or no-contest to, or been convicted of a felony \_\_\_\_\_

If yes, please describe date(s) and details \_\_\_\_\_

Professional Licenses, Skills, and Qualifications \_\_\_\_\_

**Education**

School	Years Attended	Credits Earned	Degree

**Employment History**

Employer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Title \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Beginning Yearly Salary \_\_\_\_\_ Ending Yearly Salary \_\_\_\_\_

Immediate Supervisor's Name \_\_\_\_\_

Summarize your Job Responsibilities \_\_\_\_\_

\_\_\_\_\_  
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Immediate Supervisor's Name \_\_\_\_\_

Summarize your Job Responsibilities \_\_\_\_\_

\_\_\_\_\_  
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**Professional Organizations and/or Affiliations**

Name of Organization	Officer or Position

Is there any other work related information that you would like us to know about you?

\_\_\_\_\_

\_\_\_\_\_

**Professional References** (please try to not list personal references)

Name	Relationship	Years Known	Phone No.

**Application Statement – Important, Do Not Sign Until You Have Read**

I certify that all of the information I have provided in order to apply for and secure work with this employer is true, complete, and accurate. I understand that falsifying information on this application may prevent me from obtaining employment with this employer. I also understand that providing false information, if discovered after you have obtained employment with this employer may result in immediate termination of employment.

**I expressly authorize, without reservation, the employer or its representatives to contact and obtain information from all references provided, past employers, licensing authorities, and educational institutions. I authorize Wheat Ridge Water District to conduct a complete background check on me, including a criminal, medical, and credit background check, prior to offering me employment.**

All positions at Wheat Ridge Water District are "At Will" positions. If hired, you are free to resign at any time without cause or notice. The employer reserves the right to terminate my employment at any time with or without cause and without notice, except as may be required by law.

I certify that I have read, fully understand, and accept all terms of the foregoing Application Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

WRWD is an equal opportunity employer. Equal access to programs, services, and employment is available to all persons.