

Kremmling Sanitation District
PO Box 538, 200 Eagle Avenue, Kremmling, CO 80459
Phone: 970-724-3249 Fax: 970-724-9409

Position Applied For: **Wastewater Superintendent and ORC**

Type of Employment: **Full-time**

Print Name (Last, First, MI)

Mailing Address

Street Address (if different from mailing address)

_____, _____, _____
City State Zip

Phone: Home _____ Cell _____

If hired, can you furnish proof that you are eligible to work in the United States? Yes ____ No ____

Driver's License Number: _____ State: _____

(Circle): Regular: R Endorsements: _____ CDL: A B C

COLORADO CERTIFICATIONS (circle current level)

Wastewater: A B C Collections: 1 2 3 4 Distribution: 1 2 3 4

Water: A B C D Other: _____

SPECIAL SKILLS

If Yes, Level of Proficiency:

- 1 = Beginner
- 2 = Pretty Good
- 3 = Really Good

Are you experienced with?:

Word Processing	No _____	Yes _____	_____
Spreadsheets	No _____	Yes _____	_____
E-Mail	No _____	Yes _____	_____
Internet	No _____	Yes _____	_____

Computer Management (Creating files, saving, organizing, etc.) :
No _____ Yes _____

Bi-Lingual: No ____ Yes (check): Speak ____ Read ____

Language(s): _____

If you have any other skills, abilities, or licenses related to the work desired, or if you are an experienced operator of any heavy equipment, please list.

EDUCATION

Received high school diploma? Yes _____ No _____ or GED? Yes _____ No _____

High School (Name, Location): _____

College/University (Name, Location): _____

Number of Years Attended: _____ Major: _____

Degree Rec'd: No _____ Yes _____: AA | AS | BA | BS | Other: _____

Additional Education and/or Vocational or Technical Training Schools (Name, Location):

Diploma Received: Yes _____ No _____

Course(s) Taken _____

WORK HISTORY

Are you presently employed? Yes _____ No _____

If yes, may we contact your present employer? Yes _____ No _____

List your past three employers in consecutive order with present or most recent employer first.

1) Name of employer: _____

Employed from: _____/_____/_____ to _____/_____/_____

Supervisor: _____

Address: _____

City, State Zip: _____

Telephone: _____

Position title: _____

Reason for leaving: _____

Job Duties: _____

2) Name of employer: _____

Employed from: ____/____/____ to ____/____/____

Supervisor: _____

Address: _____

City, State Zip: _____

Telephone: _____

Position title: _____

Reason for leaving: _____

Job Duties:

3) Name of employer: _____

Employed from: ____/____/____ to ____/____/____

Supervisor: _____

Address: _____

City, State Zip: _____

Telephone: _____

Position title: _____

Reason for leaving: _____

Job Duties:

Attach additional pages as needed.

REFERENCES Give at least three personal references that are not relatives or former employers.

1) Name: _____

Address: _____

Phone: _____

Occupation: _____

2) Name: _____

Address: _____

Phone: _____

Occupation: _____

3) Name: _____

Address: _____

Phone: _____

Occupation: _____

The Kremmling Sanitation District is an Equal Opportunity Employer. The Kremmling Sanitation District does not discriminate on the basis of race, religion, national origin, color, sex, age, sexual orientation, or disability. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors.

AFFIDAVIT

I certify that the information provided in this application is true and complete without consequential omissions of any kind. I authorize the companies, schools, or persons named above to give any information regarding my employment, character, and qualifications (except as previously stated). I hereby release these companies, schools, or persons from all liability for any damage for issuing this information. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and if employed, would be cause for termination.

I understand that if employed, I have been hired “at will” and that my employment can be terminated at any time, with or without cause, with the employer’s only obligation being to pay salary or wages due and owed at the time of the termination.

I have read, understand, and by my signature consent to these statements.

Print Name: _____

Signature: _____

Date: _____