



# UTE WATER CONSERVANCY DISTRICT

2190 H ¼ Road, Grand Junction, CO 81505  
P.O. Box 460, Grand Junction, CO 81502

## Application for Employment

### *An Equal Opportunity Employer*

We do not discriminate on the basis of race, color, sex, gender, sexual orientation, pregnancy, national origin, ancestry, religion, creed, age, physical or mental disability, veteran or military status, genetic information or other protected status by federal, state or local law. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based upon job-related factors.

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#### **PROVIDE ALL/ONLY INFORMATION REQUESTED OR YOU MAY BE DISQUALIFIED**

Answer each question fully and accurately. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except your signature on back of application. Failure to do any of the above or adding information not requested will result in disqualification of your application. **DO NOT** use a résumé as a substitute for any information required in this application. No action can be taken on this application until you have answered all questions.

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
                    Last                      First                      Middle

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

Job Applied for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you seeking:      Full-time       Part-time       Temporary       Shift       employment?

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

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#### **GENERAL INFORMATION**

Have you worked or attended school under any other names?                      Yes     No

If yes, give names: \_\_\_\_\_

Have you ever previously applied for employment with Ute Water? Yes  No  If yes, when? \_\_\_\_\_

Have you ever previously been employed with Ute Water? Yes  No  If yes, when? \_\_\_\_\_

Are you related to any of our employees?    Yes     No     If yes, who? \_\_\_\_\_

Date available for work: \_\_\_\_\_      Are you willing to work overtime as required?      Yes     No

You have had a chance to review the job posting for this position, which includes the position's pay range. The District starts new hires at the bottom of the advertised pay range for the open position.

If offered a position, do you understand that it will be at the bottom of the advertised pay range? Yes  No

You have had a chance to review the job posting for this position. Do you meet all required educational, experience and certification/license qualifications of the job? Yes  No

If no, what qualifications do you lack? \_\_\_\_\_  
\_\_\_\_\_

Do you have any commitments that will necessitate your absence from work during regular work hours for more than three consecutive days within the first 90-days of employment? Yes  No

If yes, please explain: \_\_\_\_\_

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

If yes, date of conviction(s) \_\_\_\_\_ If yes, give details \_\_\_\_\_  
\_\_\_\_\_

Ute Water only performs background checks on individuals who are finalists for the position. The results of a background check will not necessarily disqualify you from being considered for employment.

Have you ever received a disciplinary action, been terminated from a job, or resigned in lieu of termination? Yes  No   
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

May we contact your work history references prior to offer of employment or conditional offer of employment? Yes  No   
If no, please explain: \_\_\_\_\_

\_\_\_\_\_

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**ALL POSITIONS AT UTE WATER ARE REQUIRED TO DRIVE COMPANY VEHICLES.**

Do you have a valid driver's license? Yes  No

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

Have you received any moving violation in the past three (3) years? Yes  No   
If yes, give details: \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last three (3) years? Yes  No   
If yes, give details: \_\_\_\_\_

Have you been convicted of a DUI or DWAI in the past five (5) years? Yes  No   
If yes, give details: \_\_\_\_\_

## WORK HISTORY

Start with your present or last job. In chronological order, 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.

From: mo/yr	To: mo/yr	Employer	Ph. #
Job Title		Address	
Supervisor		Job Duties:	
Full-time <input type="checkbox"/>		Part-time <input type="checkbox"/>	
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason for Leaving			
From: mo/yr	To: mo/yr	Employer	Ph. #
Job Title		Address	
Supervisor		Job Duties:	
Full-time <input type="checkbox"/>		Part-time <input type="checkbox"/>	
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason for Leaving			
From: mo/yr	To: mo/yr	Employer	Ph. #
Job Title		Address	
Supervisor		Job Duties:	
Full-time <input type="checkbox"/>		Part-time <input type="checkbox"/>	
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason for Leaving			
From: mo/yr	To: mo/yr	Employer	Ph. #
Job Title		Address	
Supervisor		Job Duties:	
Full-time <input type="checkbox"/>		Part-time <input type="checkbox"/>	
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason for Leaving			

From: mo/yr	To: mo/yr	Employer	Ph. #
Job Title		Address	
Supervisor		Job Duties:	
Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>		
May we contact? Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Reason for Leaving			

### EDUCATION

	List Name and Address of Schools	# of Years Completed	Did you Graduate? Y/N	Diploma / Degree / Certificate	Field of Study
<b>High School or GED</b>					
<b>College or University</b>					
<b>Vocational or Technical</b>					

### SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List professional, trade business or civic activities and offices held. (You may, at your discretion, exclude labor organizations and memberships which reveal protected-class status.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

(Give three references, not relatives or former employers)

NAME	TELEPHONE #	YEARS KNOWN	HOW DO YOU KNOW THIS REFERENCE?

## AFFIDAVIT, CONSENT AND RELEASE

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION**

I certify that all information in this application is correct to the best of my knowledge. I understand that any misrepresentation of information by statement or omission will result in disqualification or, if already hired, dismissal from employment, no matter when the misrepresentation is discovered.

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 employees, 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 that **all employment with Employer is at-will**, meaning that employment with Employer may be terminated, with or without cause, and with or without prior notice, at any time, at the option of either me or the Employer. I understand that no supervisor or manager has the authority to enter into an agreement for employment that waives Employer's right to terminate employment at-will.

I understand that I will be required to pass a drug test as a condition of employment. I hereby consent to any 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 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 Employer has policies and procedures that I must follow, if hired. I understand that Employer reserves the right to change its policies and procedures, including personnel policies and employee benefits at any time without approval by employees, and those changes are accepted by continuing my employment with Employer.

If hired, you will be required to provide proof of your eligibility to work in the United States.

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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How did you hear about this open position? \_\_\_\_\_