

Date: _____ Position you are applying for: _____.

Fremont Conservation District, 248 Dozier Ave., Canon City, CO 81212

Please type or print answers clearly and answer all questions

NAME: Last, First, middle				
ADDRESS				
Street:				
City: State: Zip:			List any relatives now officially associated with the Conservation District:	
Are you Currently Employed? Y N If so, may we inquire of your present employer? Y N			Home Phone: Work Phone: Cell Phone	
EDUCATION AND TRAINING: <i>include high school, GED, trade and vocational schools, undergraduate and graduate degrees.</i>				
Name and Type of School	Address	Major	Minor	Attended Dates or Date Degree Received
LIST CURRENT RELEVANT LICENSES AND CERTIFICATES – <i>including issuing State and expiration date</i>				
LIST ANY RELEVANT PROFESSIONAL SOCIETY MEMBERSHIP:				
LIST ANY SPECIAL SKILLS OR ACCOMPLISHMENTS RELEVANT TO THE POSITION YOU ARE APPLYING FOR:				
DO YOU HAVE A VALID CO LORADO DRIVERS LICENSE: Y N CLASS:		HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? Y N IF YES, PLEASE EXPLAIN:		
HOW MANY MOVING TRAFFIC VIOLATIONS HAVE YOU HAD IN THE PAST THREE YEARS?				
HOW MANY TRAFFIC ACCIDENTS HAVE YOU HAD IN THE LAST 3 YEARS?				
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? Y N				
HAVE YOU EVER BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? Y N				
<i>If you answered yes to any of these questions, please explain on a separate sheet of paper reporting all cases and dates except minor traffic violations, sealed or juvenile records.</i>				
<i>If selected for this position, would you agree to a background check?</i> Y N				

WORK EXPERIENCE: Please lists most recent experience first, list all employment and include relevant US Military Service. Attach additional sheets if necessary. Please explain gaps in employment as far as possible.

NAME OF EMPLOYER / NATURE OF BUSINESS:	TELEPHONE NO:	JOB TITLE:
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ADDRESS – street, city, state, zip	SUPERVISORS NAME AND JOB TITLE:
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MAIN DUTIES AND RESPONSIBILITIES:

DATES OF EMPLOYMENT From: To:		REASON FOR LEAVING:
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DATES OF EMPLOYMENT From: To:		REASON FOR LEAVING:
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NAME OF APPLICANT:

REFERENCES: Please provide the names and contact information for three people who are not relatives or work supervisors listed elsewhere in this application. These supervisors may be contacted as references.

NAME:	RELATIONSHIP:	TELEPHONE NO(S):
ADDRESS – street, city, state, zip		
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ADDRESS – street, city, state, zip		
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ADDRESS – street, city, state, zip		

I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I make this statement with the knowledge that any false or misleading statement or omission of material fact may be sufficient cause for discarding this application or CAUSE FOR DISMISSAL at a future time.

I understand that the information in this application is to be treated as confidential, but I agree to allow this information to be shared with individuals as necessary for the hiring process.

Signature of Applicant: _____

Date: _____

