

# DONALA WATER & SANITATION DISTRICT

15850 Holbein Dr, Colorado Springs, CO 80921

Phone: 719-488-3603 Fax: 719-488-3110

## Application for Employment

Position Applying For: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Donala Water & Sanitation District is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, **and without regard** to race, sex, religion, national or ethnic origin, disability, age, veteran status or sexual orientation.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume").

Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related to any current Donala employee or Board Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name and relationship to you?
Are you currently aware of any limitations that would prevent you from performing the functions of the job you are applying for with or without accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please explain:
Do you have a valid driver's license? Note: <i>The District will require a copy of your license for insurance and security check.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### EDUCATION

Name of School	City/State	Did you graduate?	If YES, Date of Graduation	Degree Received	Major
High School:		<input type="checkbox"/> Y <input type="checkbox"/> N			
GED:		<input type="checkbox"/> Y <input type="checkbox"/> N			
Other School:		<input type="checkbox"/> Y <input type="checkbox"/> N			
College:		<input type="checkbox"/> Y <input type="checkbox"/> N			
College:		<input type="checkbox"/> Y <input type="checkbox"/> N			
Other credentials / licenses / professional affiliations, etc., which are relevant to the job(s) for which you are applying.					

**WORK EXPERIENCE:** Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

**PLEASE NOTE:** Donala Water & Sanitation District reserves the right to contact all current and former employers for reference.

Dates Employed: From:                      To:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If part-time, hrs/wk: _____	Title:	Reason for leaving:
Organization Name and Address:			
Supervisor Name, Title & Phone:	Other Reference Name, Title, & Phone:	Contact my references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary Duties:			
Dates Employed: From:                      To:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If part-time, hrs/wk: _____	Title:	Reason for leaving:
Organization Name and Address:			
Supervisor Name, Title & Phone:	Other Reference Name, Title, & Phone:	Contact my references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary Duties:			
<b>The following section is to be completed by applicant for an OFFICE POSITION. Please check all that apply:</b>			
<input type="checkbox"/> Typing Skills <input type="checkbox"/> Mac <input type="checkbox"/> PC <input type="checkbox"/> Excel <input type="checkbox"/> Word <input type="checkbox"/> Customer Account Software <input type="checkbox"/> Accounting Software			
Please provide computer and software knowledge below:			

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION:**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Donala Water and Sanitation to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. I agree to sign a release so indicating to be sent to my previous employer(s) for access to my employment records. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Donala Water and Sanitation serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I may be required to make mandatory contributions to the Donala Water and Sanitation Retirement System or to an optional retirement program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_