HYLAND HILLS
Park & Recreation District

APPLICATION FOR EMPLOYMENT

Refer to web for job postings: www.hylandhills.org/employment.html
Return to:
Human Resources
1800 West 89th Avenue
Federal Heights Colorado 80260
Fax: 303-650-7599

Position Applying For : _____

Date: _____

Answer each question fully and accurately. Incomplete applications may result in disqualification. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Last Name_____First Name_____Middle Initial _____

Address _____City _____ State _____Zip Code_____

Home Phone _____ Cellular Phone_____ Message Phone _____

Full Time Employment: Part Time Employment: Seasonal Employment:

Drivers License Number _____ State Licensed In: _____

Are you 18 years of age or older Yes No Social Security Number (Optional) _____
(If you are hired you may be required to submit proof of age.)

Do you have relatives presently working for Hyland Hills Park and Recreation District? Yes No

Have you ever applied at Hyland Hills Park and Recreation District before? Yes No

Have you previously worked for Hyland Hills Park and Recreation District? Dates _____ Yes No

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, give details_____
(A conviction will not necessarily disqualify an applicant for employment.)

Education

Name of High School /GED_____ Graduate _____

Colleges/Technical Schools Attended _____Graduate_____ Major/Minor_____

Graduate Studies _____Graduate_____ Degree _____

List professional licenses, certifications, volunteer work, or internships (please include only work related activities). _____

_____

_____

List machines, equipment you can operate that relates to the position for which you are applying: _____

_____

Employment History

List names of employers in consecutive order with present listed first. Account for all periods of time including military services and any periods of unemployment. If self-employed, give firm name and supply business references. A resume and/or additional supplemental information may be attached.

Current/ Most Recent Employer _____

Job Title _____ Address/City_____

From – To (Mo/Yr)_____ Supervisor Name and Phone Number_____

Starting Salary/Ending Salary_____/_____ Duties_____

Reason For Leaving _____May we contact this employer for a reference? Yes No

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Employer _____

Job Title _____ Address/City_____

From – To (Mo/Yr)_____ Supervisor Name and Phone Number_____

Starting Salary/Ending Salary_____/_____ Duties_____

Reason For Leaving _____May we contact this employer for a reference? Yes No

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Employer _____

Job Title _____ Address/City_____

From – To (Mo/Yr)_____ Supervisor Name and Phone Number_____

Starting Salary/Ending Salary_____/_____ Duties_____

Reason For Leaving _____May we contact this employer for a reference? Yes No

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Employer _____

Job Title _____ Address/City_____

From – To (Mo/Yr)_____ Supervisor Name and Phone Number_____

Starting Salary/Ending Salary_____/_____ Duties_____

Reason For Leaving _____May we contact this employer for a reference? Yes No

Add a sheet of paper for additional positions.

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. 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 employers and organization 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 I may be required to successfully pass a drug screening examination. I hereby consent to a pre or post offer 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 complete pre-employment 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. Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S, upon conviction thereof, shall be punished accordingly.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT , OR SUBEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

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

Signature:_____ Date: _____

This application for employment will be kept on file for one year.