

**DOUBLE EL CONSERVATION DISTRICT  
AN EQUAL OPPORTUNITY EMPLOYER:**

**Application name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position applied for:** \_\_\_\_\_

**INSTRUCTIONS:**

- Answer all questions correctly and completely. If questions are not applicable, write N/A in the space provided.
- Type or print all answers legibly. Illegible or incomplete forms will not receive consideration.
- Attach all required documents
- Attach Resume

**Citizenship:** Applicants must be a United States Citizen and be able to communicate effectively in written and spoken English.

**Operator's License:** Applicant must possess a valid Colorado Operator's license and have a good driving record.

**Other Requirements:** Applicants should be aware of certain regiments, which are inherent with the profession. These may be identified with character traits, which include honesty, maturity, self discipline, and initiative.

**Application Process:**

- Submission of Application form and required documents.
- Background Investigation – including but not limited to contact with the applicants former employers, associates, neighbors, and other pertinent sources. Applicants school records, military history, police records and driving records may be searched, when applying for a position that requires such.
- Oral board interview, with department heads or board members or both

**Application For:** \_\_\_\_\_ **Double EL** \_\_\_\_\_ **Conservation District**

**Please type or print answers clearly and answer all questions**

<b>NAME:</b> <i>Last, First, middle</i>		<b>SOCIAL SECURITY NUMBER:</b>	<b>DATE OF BIRTH:</b>
<b>ADDRESS</b>			
<i>Street:</i>			
<i>City:</i>	<i>State:</i>	<i>Zip:</i>	<b>TELEPHONE NUMBER:</b>
<b>HAVE YOU EVER BEEN EMPLOYED BY THE DISTRICT?</b>		<b>LIST ANY RELATIVES NOW OFFICIALLY ASSOCIATED WITH THE CONSERVATION DISTRICT:</b>	
YES      NO			
If so, when?			
<b>EDUCATION AND TRAINING:</b> <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** – including issuing State and expiration date

**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**

*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.*

*If selected for this position, would you agree to a background check? 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:**

**ADDRESS – street, city, state, zip**

**SUPERVISORS NAME AND JOB TITLE:**

**MAIN DUTIES AND RESPONSIBILITIES:**

**DATES OF EMPLOYMENT**

**From: To:**

**REASON FOR LEAVING:**

**NAME OF EMPLOYER / NATURE OF BUSINESS:**

**TELEPHONE NO:**

**JOB TITLE:**

**ADDRESS – street, city, state, zip**

**SUPERVISORS NAME AND JOB TITLE:**

**MAIN DUTIES AND RESPONSIBILITIES:**

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<b>DATES OF EMPLOYMENT</b> From:                      To:		<b>REASON FOR LEAVING:</b>
<b>NAME OF EMPLOYER / NATURE OF BUSINESS:</b>		<b>TELEPHONE NO:</b>
<b>ADDRESS – street, city, state, zip</b>		<b>JOB TITLE:</b>
<b>MAIN DUTIES AND RESPONSIBILITIES:</b>		

<b>DATES OF EMPLOYMENT</b> From:                      To:		<b>REASON FOR LEAVING:</b>
<b>MAIN DUTIES AND RESPONSIBILITIES:</b>		
<b>DATES OF EMPLOYMENT</b> From:                      To:		<b>SALARY :</b>
<b>DATES OF EMPLOYMENT</b> From:                      To:		<b>REASON FOR LEAVING:</b>

**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.*

<b>NAME:</b>	<b>RELATIONSHIP:</b>	<b>TELEPHONE NO(S):</b>
<b>ADDRESS – street, city, state, zip</b>		
<b>NAME:</b>	<b>RELATIONSHIP:</b>	<b>TELEPHONE NO(S):</b>
<b>ADDRESS – street, city, state, zip</b>		
<b>NAME:</b>	<b>RELATIONSHIP:</b>	<b>TELEPHONE NO(S):</b>

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: \_\_\_\_\_