

# APPLICATION FOR EMPLOYMENT - VAIL RECREATION DISTRICT

700 SOUTH FRONTAGE ROAD EAST, VAIL, COLORADO 81657 An Equal Opportunity Employer

*We do not discriminate on the basis of race, color, religion, national origin, sex, age, veteran status or disability.*

*It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.*

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. 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.

Job Applied For \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time employment \_\_\_\_\_/Part-time \_\_\_\_\_/Temporary \_\_\_\_\_? When could you start work? \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name Telephone Number

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

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

If hired, can you furnish proof you are eligible to work in the U.S.? Yes\_\_\_\_\_ No\_\_\_\_\_ Social Security Number \_\_\_\_\_

Have you ever applied here before? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, when?\_\_\_\_\_;Were you ever employed here? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, when?\_\_\_\_\_

Have you ever been convicted of any law violation (except a minor traffic violation)? . . . . . Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, give details:

\_\_\_\_\_  
(A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Have you missed any work during the past six months? . . . . . Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, how much and why?

\_\_\_\_\_  
Are you now or do you expect to be engaged in any other business or employment? . . . . . Yes\_\_\_\_\_ No\_\_\_\_\_

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

For Driver Jobs Only: Do you have a valid driver's license? . . . . . Yes\_\_\_\_\_ No\_\_\_\_\_

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

Have you had your driver's license suspended or revoked in the last 3 years? . . . . . Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, give details: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

\_\_\_\_\_  
Do you have any physical conditions that would limit your performance of the job for which you are applying? . . . . . Yes\_\_\_\_\_ No\_\_\_\_\_

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

Would you take a physical examination, if required? . . . . . Yes\_\_\_\_\_ No\_\_\_\_\_

## LIST NAMES AND ADDRESS OF SCHOOLS

	Years Attended	Diploma Degree	Subjects Studied
High School or GED:	_____ / _____	_____ / _____	_____ / _____
College, University, Vocational, or Technical	_____ / _____	_____ / _____	_____ / _____

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 names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed give firm name and supply business references.

1.) NAME OF EMPLOYER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

TELEPHONE: \_\_\_\_\_ WORKED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

JOB TITLE: \_\_\_\_\_ SALARY - BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

2.) NAME OF EMPLOYER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

TELEPHONE: \_\_\_\_\_ WORKED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

JOB TITLE: \_\_\_\_\_ SALARY - BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

3.) NAME OF EMPLOYER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

TELEPHONE: \_\_\_\_\_ WORKED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

JOB TITLE: \_\_\_\_\_ SALARY - BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Have you worked or attended school under any other name? . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_

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

Are you presently employed? . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, may we contact your present employer? . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been fired from a job or asked to resign? . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_

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

Give three references

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

NAME

ADDRESS

TELEPHONE

**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 justify my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application 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 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.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre or post employment drug screen.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A 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 CAUSE AND WITH OR WITHOUT NOTICE.**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_