



Upper Thompson Sanitation District

P.O. Box 568 • 2196 Mall Road • Estes Park, CO 80517
970.586.4544 • www.utsd.org

Employment Application

The District is dedicated to the principles of equal employment opportunity. The District prohibits unlawful discrimination against applicants or employees on the basis of age 40 and over, race, (including traits historically associated with race, such as hair texture and length, protective hairstyles), sex, sexual orientation, gender identity, gender expression, color, religion, national origin, disability, military or marital status, genetic information, or any other status protected by applicable state or local law.

Applicant Name: (Last, First, Middle Initial) _____ Date: _____

Address: _____

Cell Phone: _____ Daytime Phone: _____ Evening Phone: _____

Email Address: _____ Are you 18 years of age or older? Yes No

Are you legally eligible for employment in the United States? Yes No (If offered employment, you will be required to provide documentation to verify eligibility.)

Have you ever applied to or been employed by UTSD before? Yes No If yes, when/where? _____

Do you have any relatives working for UTSD? If yes, list names and positions: _____

Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? (A conviction will not necessarily result in the denial of employment.) Yes No

If yes, please explain: _____

Position Applying for: _____ Referred by: _____ Salary Requirement: _____

Are you seeking Full-Time Part-Time Temporary When are you available to start: _____

Education & Training

High School	Diploma/Degree/ Course of Study	City, State	Did you graduate?
College, University, Business or Vocational School			

List other qualification and skills (e.g. languages, software programs, etc.) _____

List job-related organizations, professional associations or other groups to which you belong: _____

For Collection Operator Position Only

(Please skip this page if you are not applying for a collection operator position.)

Driver Licenses History Since you are applying for a position which requires a CDL license, we will require a DMV investigation. Do you authorize investigation of your DMV record? ___ Yes ___ No

Please list below all unexpired licenses you have.

State	License Number	Type	Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ___ Yes ___ No

B. Has any license, permit, or privilege ever been suspended or revoked? ___ Yes ___ No

If the answer to A or B is yes, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin-Trailers – LCV’s				
Other				

List states operated in for last five years:

Special courses or training that have helped you as a driver: _____

Which safe driving awards do you hold and from whom: _____

Accidents List all accidents in the last 3 years. (Attach sheet if more space is needed.)

Dates	Nature of Accident (Head-on, Rear end, Upset, etc.)	Injuries	Fatalities
Last Accident:			
Next Previous:			
Next Previous:			

Citations List all violations for the past 3 years. If none, write **none** below.

Date	Citation	Violation Location	Type of Vehicle

Physical History

Date of last DOT physical examination: _____

Please list any additional information necessary to describe your full qualifications: _____

Employment History

Employer Name:	Address:
Dates of Employment: From: To:	Position:
Supervisor:	Reason for Leaving:
Brief Job Description:	
Employer Name:	Address:
Dates of Employment: From: To:	Position:
Supervisor:	Reason for Leaving:
Brief Job Description:	
Employer Name:	Address:
Dates of Employment: From: To:	Position:
Supervisor:	Reason for Leaving:
Brief Job Description:	
Employer Name:	Address:
Dates of Employment: From: To:	Position:
Supervisor:	Reason for Leaving:
Brief Job Description:	

References List below the names of references we may contact who can comment on your work qualifications. Do not include relatives.

Name	Business/Position	Relationship/Years Acquainted	Contact Number

Acknowledgment Please read each statement carefully before signing.

I **certify** that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. 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 **understand** that the employer may request an investigative consumer report from a consumer reporting agency, as well as a check of my criminal record. I understand that should this application or criminal record check reveal a conviction of a crime, further processing of this application or my employment, if hired, may be terminated.

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 from any legal liability in making such statements.

I **understand** that I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post-employment drug screen as a condition of employment, if required.

I understand that this application or subsequent employment does not create a contract of employment or guarantee of 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, at the option of the company or myself.

Signature: _____ Date: _____