

# Southwestern Water Conservation District

841 E. Second Avenue  
Durango, Colorado 81301  
970-247-1302  
[www.swwcd.org](http://www.swwcd.org)



## APPLICATION FOR EMPLOYMENT

### An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, sexual orientation or gender identity, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

**Answer each question fully and accurately.** No action can be taken on this application until you have answered all questions in detail. Use extra paper if you do not have enough space on this application to answer a question(s). **PLEASE PRINT**, except for placing your signature at the end of this application. None of the questions are intended to imply illegal preferences or discrimination based upon non-job-related criteria or information.



## EDUCATION

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	List Name and Address of Schools	Number of Years Completed	DIPLOMA/DEGREE
High School Or GED			
College Or University			
SUBJECTS STUDIED			
Vocational or Technical			
SUBJECTS STUDIED			

## SPECIAL SKILLS

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Additional skills or training which may be related to the job for which you are applying?

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Computer programs, machines or equipment you are trained or certified to operate, which may be related to the job for which you are applying?

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Do you have a valid driver's license?    Yes                  No

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

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, genetic information, sexual orientation, gender identity, or other protected status.)

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## WORK HISTORY

List names of employers in consecutive order with your current or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, provide the company name and supply business references. Provide a detailed response to each question.

**Note: A job offer will be contingent upon acceptable references from current and former employers.**

Name, Address and Telephone of Employer	Employed		Describe reason for leaving- <b>be specific</b>
	From (mo/yr)	To (mo/yr)	
Each Position Held: _____ _____ _____			
	Describe position and job duties:		Supervisor(s) name and title(s):

Name, Address and Telephone of Employer	Employed		Describe reason for leaving- <b>be specific</b>
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	Describe position and job duties:		Supervisor(s) name and title(s):

Name, Address and Telephone of Employer	Employed		Describe reason for leaving- <b>be specific</b>
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Each Position Held: _____ _____ _____			
	Describe position and job duties:		Supervisor(s) name and title(s):



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**AFFIDAVIT, CONSENT TO BACKGROUND INVESTIGATION, AND RELEASE  
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this Application for Employment is true, accurate and complete. I understand that any false information or omission of information may disqualify me from consideration for employment, and may result in my dismissal if false or omitted information is discovered at a later date after I am hired.

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 organizations 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.

If I am extended a job offer, understand the offer will be a Conditional Offer of Employment. I will be required to successfully pass a drug and alcohol screening examination. I hereby consent to a pre-employment and/or post-employment drug and alcohol screening as a condition of employment.

I understand that if I am extended a Conditional Offer of Employment, it may be conditioned upon successfully passing a post-offer of employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my ability to perform the position for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT, NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD. SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I WILL BE AN EMPLOYEE AT WILL, AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, and understand this affidavit. My signature demonstrates consent to these terms, conditions and requirements. I attest that all information I have included in this Application for Employment is complete, accurate, and truthful.

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

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

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

This application for employment will remain active for a limited time.  
Ask the Company's representative for details.