



COLUMBINE KNOLLS RECREATION DISTRICT



6191 W. PLYMOUTH DRIVE, LITTLETON, CO 80128
(303) 979-5120 brett@ckrd.org
www.ckrd.org

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: _____ **DATE:** _____

(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	
(DATE OF BIRTH)	(SOCIAL SECURITY #)		
(CURRENT / SCHOOL ADDRESS)	(CITY)	(STATE)	(ZIP CODE)
(HOME / PARENTS ADDRESS)	(CITY)	(STATE)	(ZIP CODE)
(HOME / PARENTS PHONE #)	(CELL PHONE #)	(EMERGENCY PHONE #)	

EDUCATION: **CURRENT OR HIGHEST GRADE ATTENDED:** _____
LIST CURRENT OR MOST RECENT SCHOOL ATTENDED FIRST:

(SCHOOL NAME)	(SCHOOL ADDRESS)	(CITY)	(STATE)
FROM: _____	TO: _____		
(DATES ATTENDED)	(DATES ATTENDED)		
(SCHOOL NAME)	(SCHOOL ADDRESS)	(CITY)	(STATE)
FROM: _____	TO: _____		
(DATES ATTENDED)	(DATES ATTENDED)		

ACCOMPLISHMENTS / ACTIVITIES:

LIST CURRENT OR PAST ACTIVITIES / PROGRAMS YOU HAVE PARTICIPATED IN ALONG WITH YOUR ACCOMPLISHMENTS:



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(LAST NAME)

(FIRST NAME)

EMPLOYMENT HISTORY:

LIST CURRENT OR MOST RECENT POSITIONS FIRST:

(NAME OF EMPLOYER)

(POSITION / TITLE HELD)

(EMPLOYER ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

YES NO

(EMPLOYER PHONE #)

(SUPERVISOR'S NAME)

MAY WE CONTACT YOUR EMPLOYER?

PERIOD OF EMPLOYMENT (MONTH/YEAR): FROM _____ TO: _____

DUTIES: _____

REASON FOR LEAVING: _____ SALARY: _____

(NAME OF EMPLOYER)

(POSITION / TITLE HELD)

(EMPLOYER ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

YES NO

(EMPLOYER PHONE #)

(SUPERVISOR'S NAME)

MAY WE CONTACT YOUR EMPLOYER?

PERIOD OF EMPLOYMENT (MONTH/YEAR): FROM _____ TO: _____

DUTIES: _____

REASON FOR LEAVING: _____ SALARY: _____

WHEN ARE YOU AVAILABLE TO BEGIN? _____ NUMBER OF HOURS PER WEEK YOU ARE SEEKING: _____



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(LAST NAME)

(FIRST NAME)

REFERENCES:

PLEASE PROVIDE THREE PERSONAL REFERENCES (AT LEAST ONE WHO IS NOT A RELATIVE):

(NAME)

(CONTACT PHONE #)

(HOW DO YOU KNOW THIS PERSON?)

(HOW LONG HAVE YOU KNOWN THEM?)

(NAME)

(CONTACT PHONE #)

(HOW DO YOU KNOW THIS PERSON?)

(HOW LONG HAVE YOU KNOWN THEM?)

(NAME)

(CONTACT PHONE #)

(HOW DO YOU KNOW THIS PERSON?)

(HOW LONG HAVE YOU KNOWN THEM?)

PLEASE EXPLAIN WHY YOU ARE INTERESTED IN THIS JOB AND WHY YOU ARE QUALIFIED:



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(LAST NAME)

(FIRST NAME)

**HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE
(OTHER THAN TRAFFIC VIOLATIONS?)**

YES

NO

IF YES, PLEASE EXPLAIN: _____

I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS, AND THAT THE ENTRIES MADE BY ME ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH.

I FURTHER AGREE AND CONSENT IN ADVANCE TO BEING SUMMARILY DISCHARGED WITHOUT CAUSE OR HEARING IF ANY OF THE SUPPLIED INFORMATION CONTAINS ANY MISREPRESENTATION OR FALSIFICATION OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED. IN THE EVENT THAT I AM EMPLOYED BY COLUMBINE KNOLLS GROVE METROPOLITAN RECREATION DISTRICT, I AGREE TO COMPLY WITH ALL OF ITS POLICIES, RULES AND REGULATIONS.

I ALSO AUTHORIZE COLUMBINE KNOLLS GROVE METROPOLITAN RECREATION DISTRICT TO CONDUCT SUCH REVIEW OF MY BACKGROUND, EMPLOYMENT HISTORY, CREDIT STANDING, POLICE RECORDS, DRIVING RECORD, AND MEDICAL HISTORY AS MAY BE NECESSARY TO DETERMINE MY SUITABILITY FOR EMPLOYMENT IN THE POSITION(S) I AM SEEKING. UNLESS OTHERWISE EXPRESSLY STATED WITHIN, I HEREBY AUTHORIZE MY FORMER EMPLOYERS TO RELEASE ANY INFORMATION REGARDING MY EMPLOYMENT WITH THEM AND, IN ADDITION, TO FURNISH ANY OTHER INFORMATION THEY MAY HAVE CONCERNING ME.

SIGNATURE OF APPLICANT

DATE