



# HYLAND HILLS Park & Recreation District

## APPLICATION FOR EMPLOYMENT

Refer to web for job postings: [www.hylandhills.org](http://www.hylandhills.org)

Return to:  
**Human Resources**  
8801 N. Pecos Street  
Federal Heights, Colorado 80260  
Fax: 303-650-7599

Position Applying For: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Full Time Employment:  Part Time Employment:  Seasonal Employment:

### Personal Information

*Answer each question fully and accurately. Incomplete applications may result in disqualification. 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.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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

Do you have relatives presently working for Hyland Hills Park and Recreation District? Yes  No   
Relative Name(s): \_\_\_\_\_

Have you ever applied at Hyland Hills Park and Recreation District before? Yes  No   
Date(s) applied: \_\_\_\_\_

Have you previously worked for Hyland Hills Park and Recreation District? Yes  No   
Date(s) and Title (s): \_\_\_\_\_

### Education

Name of High School /GED \_\_\_\_\_ Graduate \_\_\_\_\_

Colleges/Technical Schools Attended \_\_\_\_\_ Graduate \_\_\_\_\_ Major/Minor \_\_\_\_\_

Graduate Studies \_\_\_\_\_ Graduate \_\_\_\_\_ Degree \_\_\_\_\_

List professional licenses, certifications, volunteer work, or internships (please include only work related activities) \_\_\_\_\_

\_\_\_\_\_

List machines, equipment you can operate that relates to the position for which you are applying \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment History**

List names of employers in consecutive order with present listed first. Account for all periods of time including military services and any periods of unemployment. If self-employed, give firm name and supply business references. A resume and/or additional supplemental information may be attached.

**Current/ Most Recent Employer** \_\_\_\_\_

Job Title \_\_\_\_\_ Address/City \_\_\_\_\_

From - To (Mo/Yr) \_\_\_\_\_ Supervisor Name and Phone Number \_\_\_\_\_

Starting Salary/Ending Salary \_\_\_\_\_ / \_\_\_\_\_ Duties \_\_\_\_\_

Reason For Leaving \_\_\_\_\_ May we contact this employer for a reference? Yes  No

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**Employer** \_\_\_\_\_

Job Title \_\_\_\_\_ Address/City \_\_\_\_\_

From - To (Mo/Yr) \_\_\_\_\_ Supervisor Name and Phone Number \_\_\_\_\_

Starting Salary/Ending Salary \_\_\_\_\_ / \_\_\_\_\_ Duties \_\_\_\_\_

Reason For Leaving \_\_\_\_\_ May we contact this employer for a reference? Yes  No

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**Employer** \_\_\_\_\_

Job Title \_\_\_\_\_ Address/City \_\_\_\_\_

From - To (Mo/Yr) \_\_\_\_\_ Supervisor Name and Phone Number \_\_\_\_\_

Starting Salary/Ending Salary \_\_\_\_\_ / \_\_\_\_\_ Duties \_\_\_\_\_

Reason For Leaving \_\_\_\_\_ May we contact this employer for a reference? Yes  No

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**Employer** \_\_\_\_\_

Job Title \_\_\_\_\_ Address/City \_\_\_\_\_

From - To (Mo/Yr) \_\_\_\_\_ Supervisor Name and Phone Number \_\_\_\_\_

Starting Salary/Ending Salary \_\_\_\_\_ / \_\_\_\_\_ Duties \_\_\_\_\_

Reason For Leaving \_\_\_\_\_ May we contact this employer for a reference? Yes  No

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**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 result in my dismissal if discovered at a later date. 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 organization 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 I may be required to successfully pass a drug screening examination. I hereby consent to a pre or post offer drug screen as a condition of employment, if required. 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. Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S, upon conviction thereof, shall be punished accordingly.

**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. 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 REASON AND WITH OR WITHOUT NOTICE.**

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

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

*This application for employment will be kept on file for one year.*