

San Miguel Authority for Regional Transportation

Employment Application for SMART Business and Communications Manager. Applications are due by 5 p.m. on Friday, November 14th 2025. All application materials should be submitted to David Averill at david.averill@smarttelluride.com

		Appl	licant lı	nforma	ation			
Full Name:	me:			Date:				
	Last	First				М.І.		
Address:								
	Street Address						Apartment/Unit ‡	ŧ
	City					State	ZIP Code	
Phone:			E	Email				
Date Available: Social Security No.:					Desired Salary: <u>\$</u>			
Position App	olied for:							
YES NO Are you a citizen of the United States? □ □ If no				If no, a	ire you	authorized to v	YES work in the U.S.?	NO
Have you e	ver worked for this compa	YES ny? □	NO	If yes, v	when?_			
Have you e	ver been convicted of a fe	YES lony?	NO					
If yes, expla	in:							
			Educ	ation				
High School	l:	A	Address:					
From:	To:	Did you gr	aduate?	YES	NO	Diploma::		
College:		A	Address:					
From:	To:	Did you gr	aduate?	YES	NO	Degree:		
Other:		A	Address:					
From:	To:	Did vou ar	aduate?	YES	NO	Degree:		

	Referei	nces	
Please list three profes	ssional references.		
Full Name:			Relationship:
			Phone:
Address:			
			Relationship:
C			Phone:
			Relationship:
_			Phone:
Addross:			
	Previous Em		
Company:			Phone:
A 1.1			0 .
Job Title:	Starting Sal	lary: \$	Ending Salary:\$
Responsibilities:			
From:			
May we contact your pr	revious supervisor for a reference?	YES NO	
			Phone:
Address:			Supervisor:
Job Title:	Starting Sal	lary: \$	Ending Salary:
Responsibilities:			
From:			
		YES NO	
May we contact your pr	revious supervisor for a reference?		
Company:			Phone:
Job Title:	Starting Sal	Ending Salary:\$	

Responsibilities:						
From:	To:	Reason for Leaving:				
	Annli	icable Experience				
Applicable Experience Please describe all applicable work experience, including grant and financial management experience, experience with Microsoft Office products (Word, Excel, Power Point, etc.), gmail and electronic calendar management, preparing communications (written and oral), organizational ability, and effective time management.						
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	M	lilitary Service				
Propob:			To:			
Branch:		From:	To:			
Rank at Discharge:		Type of Discharge:				
If other than honora	ble, explain:					
	Discla	imer and Signature				
I certify that my and	swers are true and complete to	the best of my knowledge.				
If this application le interview may resu		nd that false or misleading information	in my application or			
Signature:		Date	:			