

APPLICATION FOR EMPLOYMENT

Town of Paonia

PO Box 460
 214 Grand Avenue
 Paonia, CO 81428

970/527-4101 Telephone
 970/527-4102 Fax
 paonia@townofpaonia.com

FOR OFFICE USE ONLY

Received By _____

Date _____

Attached Pages _____

Position Applied For: _____

Date of Application: _____

Last Name		First Name		Middle Int.
Street Address		City	State	Zip Code
Mailing Address (if different from above)		City	State	Zip Code
Daytime Phone Number	Home Phone Number	How did you learn about us?		
		<input type="checkbox"/> Advertisement <input type="checkbox"/> Web Site <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other		
Email Address: _____				

If you are under 18 years of age can you provide proof of your eligibility to work? Yes No

If hired, can you provide proof of your legal right to live and work in the U.S.? Yes No

Are you able to perform the essential functions of the job for which you are applying?
 Yes No

If no, please describe the functions or duties you are unable to perform:

Have you ever been employed at the Town of Paonia? Yes No

If yes, give position and date _____

Do you have any friends or relatives employed at the Town of Paonia? Yes No

If yes, give name and relationship _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you currently on "lay-off" status subject to recall? Yes No

Are you available to work: Full Time Part Time Temporary Seasonal

On what date are you available to begin work: _____

If your job requires driving, please provide: _____

Drivers License Number / State / Expiration Date

Have you been convicted of felony within the last seven years? Yes No

If yes, please explain _____

(A conviction will not necessarily disqualify applicant from the position applied for.)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

EDUCATION

	School Name and Location	Years Completed	Diploma/ Degree/ Certification	Course of Study
High School				
Undergraduate College/University				
Graduate/ Professional School				
Trade/ Technical School				

Please describe any job related specialized training, apprenticeship, skills and extra-curricular activities:

EMPLOYMENT EXPERIENCE

Please start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations indicating race, color, religion, gender, national origin, handicap or other protected status. (Attach additional sheets if necessary)

Employer:	Supervisor:	
Address:	Dates Employed	
	From:	To:
Telephone Number(s):	Hourly Rate/Salary	
Job Title:	Starting:	Final:
Job Duties:		
Reason for Leaving:		

Employer:	Supervisor:	
Address:	Dates Employed	
	From:	To:
Telephone Number(s):	Hourly Rate/Salary	
Job Title:	Starting:	Final:
Job Duties:		
Reason for Leaving:		

Employer:	Supervisor:	
Address:	Dates Employed	
	From:	To:
Telephone Number(s):	Hourly Rate/Salary	
Job Title:	Starting:	Final:
Job Duties:		
Reason for Leaving:		

Please explain any gaps in employment history.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

REFERENCES

Please do not list employers or relatives (Attach additional sheets if necessary)

Name	Address	Daytime Phone #	Profession

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such changes in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

TOWN OF PAONIA, COLORADO

APPLICATION FOR CRIMINAL HISTORY, DRIVER HISTORY AND NATIONAL REGISTER (Please Print)

NAME: _____

DATE OF BIRTH: _____ SEX: _____

PLACE OF BIRTH: _____

NATIONALITY: _____

I request and authorize the Town of Paonia, Colorado Police Department to complete a criminal history, driver history and National Register check on background for employment with the Town of Paonia, Colorado. I certify the above name and date of birth to be true and correct.

Applicant Signature Date

APPLICATION FOR DRIVER HISTORY CHECK (Please Print)

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

I request and authorize the Paonia Police Department to complete and driver history check as part of the interview process for consideration of employment with the Town of Paonia. I certify the above information to be true and correct.

Applicant Signature Date

STATE OF COLORADO)
) ss.
COUNTY OF DELTA)

Subscribed and sworn to before me this __ day of _____, 20__.

By _____.

Witness my hand and official seal.

My commission expires _____.

Notary Public

PLEASE HAVE NOTARIZED HERE

**TOWN OF PAONIA
APPLICANT'S CERTIFICATION AND RELEASE**

I certify that the answers given by me to the questions asked on this application and the statements made by me are true and complete to the best of my knowledge.

I understand, agree and acknowledge that falsification, omission or misrepresentation of any information called for in this application may result in the rejection of my application, or in the event that I am hired, the termination of my employment at any time.

I authorize the Town of Paonia, Colorado and/or its agents, including consumer-reporting bureaus, to verify any and all of the information I have provided on this application.

I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, law enforcement authorities and the Town of Paonia, Colorado from any liability for any damage whatsoever for releasing this information.

I understand that employment may be contingent upon my submitting to a physical examination and/or other screening evaluations prior to employment in order to satisfy the position requirements. If employed, I agree to submit to physical examinations and other evaluations that pertain to my ability to perform the requirement of said position during the course of employment upon request. Such examinations and evaluations will be performed by medical personnel or services designated by the Town of Paonia, Colorado and at the Town's expense. I hereby authorize such medical personnel and or contract services to furnish the results of examinations and evaluations to the Town of Paonia, Colorado.

I understand, agree and acknowledge that this application is not an employment contract, nor is it an offer of employment.

Applicant Signature _____

Date _____