

CONFIDENTIAL



EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE: _____

Upon hire, Human Resources will provide a separate Employee Information Form to collect additional personal details required for payroll, background check, and emergency contact purposes.

DATE AVAILABLE: _____ POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU AT LEAST 18 YEARS OLD AND LEGALLY ELIGIBLE TO WORK IN THE U.S?

☐ YES ☐ NO

DO YOU HAVE A VALID DRIVER'S LICENSE?

☐ YES - LICENSE#: _____ STATE _____ ☐ NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES ☐ NO

IF YES, WRITE THE START AND END DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS) THAT HAS NOT BEEN SEALED, EXPUNGED, OR PARDONED? ☐ YES ☐ NO

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IF YES, PLEASE EXPLAIN, INCLUDING THE NATURE OF THE OFFENSE, DATE, AND JURISDICTION: _____

HAVE YOU EVER BEEN A PARTY TO A CIVIL LAWSUIT RELATED TO EMPLOYMENT (SUCH AS WRONGFUL TERMINATION, DISCRIMINATION, OR WORKPLACE DISPUTES)?

☐ YES ☐ NO

IF YES, PLEASE PROVIDE A BRIEF EXPLANATION (NATURE OF THE CASE, DATE, AND OUTCOME): _____

EDUCATION

☐ SEE RESUME (If checked, please move to the Previous Employment Section)

HIGHEST LEVEL OF EDUCATION COMPLETED: _____

HIGH SCHOOL: _____ CITY/STATE: _____ FROM: _____ TO: _____

GRADUATE? ☐ YES ☐ NO DIPLOMA: _____

COLLEGE: _____ CITY/STATE: _____ FROM: _____ TO: _____

GRADUATE? ☐ YES ☐ NO DEGREE: _____

OTHER: _____ CITY/STATE: _____ FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

☐ SEE RESUME (If checked, please move to the Professional References section)

EMPLOYER 1: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY

ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ FROM: _____ TO: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

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EMPLOYER 2: _____

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY

ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ **FROM:** _____ **TO:** _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY

ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ **FROM:** _____ **TO:** _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

PROFESSIONAL REFERENCES

PLEASE PROVIDE AT LEAST THREE PROFESSIONAL REFERENCES (SUCH AS SUPERVISORS, COLLEAGUES, OR COMMUNITY LEADERS). DO NOT LIST RELATIVES.

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FULL NAME: _____

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

DISCLAIMER & CONSENT

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that falsification, omission, or misrepresentation may disqualify me from further consideration or result in termination if discovered after hire.

I authorize the Town of Paonia, Colorado, and its agents to verify the information provided, including contacting prior employers, schools, and references. I release all parties from any liability arising from such inquiries.

I understand that employment is contingent upon successful completion of any required background checks, medical evaluations, or screenings as allowed by law.

I acknowledge that this application will remain active for six months from the date of submission.

I further understand that this application and related documents may be subject to the

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Colorado Open Records Act (CORA).

I acknowledge that this application does not constitute an employment contract and that employment, if offered, is 'at-will.'

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____