

APPLICATION FOR EMPLOYMENT

Town of Paonia

PO Box 460 970/527-4101 Telephone
 214 Grand Avenue 970/527-4102 Fax
 Paonia, CO 81428 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
Mailing Address (if different from above)			City	State
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: _____

Have you used any names or social security numbers other than the one(s) given above? [] Yes [] No

If yes, please list _____

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

Please read carefully before signing

I understand that if I am extended an offer of employment, it may be conditional upon my successfully passing a pre-employment background investigation, polygraph examination, physical examination, psychological examination (if applicable for the position) and drug screening. 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.

(Initials) _____

I have read, understand, and by my signature, consent to this statement;

Signature _____

Date _____

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

CONCERNING THE APPLICATION OF _____ (Applicant-print name)

I hereby authorize the release of all information and records concerning myself to any agent of the Paonia Police Department.

The intent of this authorization is to give my consent for complete disclosure of information regarding my background, reputation, and character. This includes, but is not limited to: records of educational institutions; military records; employment and pre-employment records; medical and/or psychological examination records; training records; financial or credit reports; complaints or grievances filed by or against me; records of investigation; complaint, arrest, trial and/or convictions for alleged or actual violations of the law; the result of polygraph examinations; records of civil complaints made by or against me; and verbal or written statements by any person, however personal or confidential they may appear to be. I respectfully request and direct you to release all such information upon the request of any representative of the Paonia Police Department, regardless of any agreement to the contrary I may have previously made with you.

I understand that the above information is for use by the Paonia Police Department in conducting a background investigation to determine my suitability for employment and will be kept confidential. I understand that all materials obtained become the property of the Paonia Police Department and will not be released to me. In the event my application is disapproved, the specific reason therefore cannot be revealed to me.

I understand that I have rights guaranteed by law to privacy with regards to the disclosures and access of records or information concerning me, and I voluntarily, knowingly, and willfully waive those rights with the understanding that information furnished will be used by the Paonia Police Department in conjunction with employment procedures.

For, and In consideration of, the acceptance and processing of my application for employment, I agree to hold the Paonia Police Department, its agents, and employees harmless from any and all claims and liability associated with my application for employment, or in any way connected with the decision whether or not to employ me with the Paonia Police Department.

I agree to indemnify and hold harmless any person or organization, and their agents and employees, to whom this request is presented, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

A photocopy or fax of this release form will be valid as an original hereof, even though said photocopy does not contain my original signature.

Applicant Signature _____ Date _____

Authorization Must Be Notarized

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

My commission expires _____

Notary Public _____

(Seal)

*****TO BE COMPLETED FOR ALL LAW ENFORCEMENT POSITIONS*****

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

Applicant Signature

Date

.....
*****TO BE COMPLETED FOR POSITIONS REQUIRING A VALID DRIVERS LICENSE*****

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 _____

Authorization Must Be Notarized

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

My commission expires _____

Notary Public _____

(Seal)