



APPLICATION FOR EMPLOYMENT

DATE: _____ POSITION APPLIED FOR: _____

**PLEASE COMPLETE ALL REQUESTED INFORMATION, INCLUDING SIGNATURE.
INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED.**

APPLICANT INFORMATION

LAST NAME		FIRST		M.I.	
STREET ADDRESS				APARTMENT OR UNIT #	
CITY		STATE		ZIP	
ALIASES OR PREVIOUS NAMES					
PHONE		EMAIL ADDRESS			
DATE AVAILABLE		SALARY DESIRED		FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	
ARE YOU A CITIZEN OF THE UNITED STATES?	YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO, ARE YOU AUTHORIZED TO WORK IN THE US?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU PREVIOUSLY WORKED FOR THE TOWN OF LOCHBUIE?	YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, WHEN?		
DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THE TOWN OF LOCHBUIE?	YES <input type="checkbox"/> NO <input type="checkbox"/>		NAMES OF RELATIVES:		
DO YOU HAVE ANY PHYSICAL RESTRICTIONS THAT WOULD LIMIT YOU IN PERFORMING THE JOB THAT YOU HAVE APPLIED FOR?	YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, EXPLAIN		
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, EXPLAIN		
DO YOU HAVE A CURRENT COLORADO DRIVER'S LICENSE?	YES <input type="checkbox"/> NO <input type="checkbox"/>		CO DL NUMBER:		

EDUCATION

HIGH SCHOOL		CITY, STATE	
DID YOU GRADUATE?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
COLLEGE		CITY, STATE	
DID YOU GRADUATE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DEGREE	
OTHER		CITY, STATE	
DID YOU GRADUATE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DEGREE OR CERTIFICATION	

EDUCATION (CONTINUED):

LIST ANY ADDITIONAL PROFESSIONAL LICENSES, REGISTRATIONS, CERTIFICATIONS	
1.	
2.	
3.	

EMPLOYMENT HISTORY

COMPANY		PHONE			
ADDRESS		SUPERVISOR			
FROM:		TO:		JOB TITLE:	
REASON FOR LEAVING					
RESPONSIBILITIES:					
MAY WE CONTACT THE ABOVE SUPERVISOR FOR A REFERENCE?	YES <input type="checkbox"/> NO <input type="checkbox"/>				

COMPANY		PHONE			
ADDRESS		SUPERVISOR			
FROM:		TO:		JOB TITLE:	
REASON FOR LEAVING:					
RESPONSIBILITIES:					
MAY WE CONTACT THE ABOVE SUPERVISOR FOR A REFERENCE?	YES <input type="checkbox"/> NO <input type="checkbox"/>				

COMPANY		PHONE			
ADDRESS		SUPERVISOR			
FROM:		TO:		JOB TITLE:	
REASON FOR LEAVING:					
RESPONSIBILITIES:					
MAY WE CONTACT THE ABOVE SUPERVISOR FOR A REFERENCE?	YES <input type="checkbox"/> NO <input type="checkbox"/>				

DESCRIBE ANY ADDITIONAL TRAINING, APPRENTICESHIPS, SKILLS, EXTRA-CURRICULAR / CIVIC ACTIVITIES OR OFFICES HELD

REFERENCES

PLEASE LIST 3 PROFESSIONAL REFERENCES

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1.			
2.			
3.			

POLICE APPLICANTS ONLY

IN ORDER TO BE CONSIDERED FOR A COMMISSIONED POSITION, YOU MUST BE A MINIMUM OF 21 YEARS OF AGE AND BE A P.O.S.T. CERTIFIED PEACE OFFICER IN THE STATE OF COLORADO.

ARE YOU 21 YEARS OF AGE OR OLDER?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARE YOU POST CERTIFIED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	P.O.S.T. CERTIFICATION ID NUMBER:	

SIGNATURE

I certify that the information in this application is true and complete. I understand that any falsification or significant omission of information in this application may result in refusal of employment or immediate discharge from employment. I authorize the investigation of any or all statements contained in this application, including criminal history, and also release any person, school, current employer, past employer and organization from any legal liability in making such statement. I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete 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. I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand I have been hired at the will of the employer, and my employment may be terminated at any time, with or without cause and with or without notice.

SIGNATURE:		DATE:	
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Thank you for your interest in employment with the Town of Lochbuie.



The Town of Lochbuie is an Equal Opportunity Employer and does not practice or permit discrimination in employment based upon race, color, religion, sex, national origin, disability, age or veteran's status. All qualified applicants will be given equal opportunity. Selection decisions are based solely on job-related factors.

In compliance with the Immigration Reform and Control Act of 1986, the Town of Lochbuie limits its hiring to individuals who are United States citizens or aliens authorized to work in the United States.

We strive to pay wages and provide benefits that are competitive with the marketplace where we compete for talent.

We promote a healthy and safe work climate to create an environment where excellence of performance and team achievement flourish.



The information you provide below is VOLUNTARY and CONFIDENTIAL. This will be forwarded to the Equal Employment Opportunity Office prior to review of your application.

Date: _____ Name: _____ Sex: Male Female

Position applying for: _____

Announcement number (AC or DSS): _____

Race / Ethnic Background: (please check one.)

- A. White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- B. Black (not of Hispanic origin): All persons having origins in any Black racial groups of Africa.
- C. Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- D. Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
- E. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain culture identification through tribal affiliation or community recognition.