

**APPLICATION
FOR EMPLOYMENT**

**Town of Ridgway
Post Office Box 10
Ridgway, CO 81432
(970)626-5308**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied for			Date of Application		
How Did You Learn About Us?					
Advertisement		Friend		Walk-In	
Website		Relative		Other	
Last Name		First Name		Middle Name	
Mailing Address		Physical Address		City	State
					Zip Code
Telephone Number(s)			Email Address		

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

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Seasonal Temporary
Check all that apply.

Do you possess a valid drivers license? Yes No

Do you possess a Commercial Drivers License (CDL)? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
Elementary School				
High School				
Undergraduate School				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. This section must be completed, even if resume is attached.

1. Employer	<u>Dates Employed</u>		DESCRIPTION OF DUTIES PERFORMED
	From	To	
Address			
Telephone Number(s)			
Job Title			
Supervisor			
Reason for Leaving or Seeking Other Employment			
May we contact this employer? Yes No			

2. Employer	<u>Dates Employed</u>		DESCRIPTION OF DUTIES PERFORMED
Address	From	To	
Telephone Number(s)	<u>Hourly Rate/Salary</u>		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			

3. Employer	<u>Dates Employed</u>		DESCRIPTION OF DUTIES PERFORMED
Address	From	To	
Telephone Number(s)	<u>Hourly Rate/Salary</u>		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			

4. Employer	<u>Dates Employed</u>		DESCRIPTION OF DUTIES PERFORMED
Address	From	To	
Telephone Number(s)	<u>Hourly Rate/Salary</u>		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held. <i>(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)</i></p> <hr/> <hr/> <hr/>
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ADDITIONAL INFORMATION

<p><u>Other Qualifications</u> <i>Summarize special job-related skills and qualifications acquired from employment or other experience.</i></p> <hr/> <hr/> <hr/>

Specialized Skills *List skills in working with/and operating equipment*

Computer Hardware/Software	Office Equipment	Machinery & Heavy Equipment

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. YES NO

References

1.	_____	_____
	(Name)	Phone #

	(Address)	
2.	_____	_____
	(Name)	Phone #

	(Address)	
3.	_____	_____
	(Name)	Phone #

	(Address)	

APPLICATION FORM WAIVER

All information contained in this application is subject to verification. The Town of Ridgway will conduct background checks including, but not limited to, work references, driving records, criminal background records and educational attainment.

I understand an employment offer may be contingent upon successful completion of a pre-employment alcohol/drug test, review of work references, and results of a background check.

I understand that specific positions at the Town of Ridgway require proof of an acceptable driving record and that maintaining an acceptable driving record is a condition of continued employment.

I understand that my information may be submitted to the Colorado Bureau of Investigation for a statewide criminal records check. I hereby authorize the Town of Ridgway to receive any criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

If employed, I agree to abide by all policies, regulations and guidelines established by the Town of Ridgway.

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the Town of Ridgway and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from Town service.

In addition, I give the Town of Ridgway the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the Town of Ridgway in providing relevant, job related information that will assist in this process.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town of Ridgway is of an "at will" nature, which means that the employee may resign at any time and the Town 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 change in writing.

I have read and understand the "Application Form Waiver" and am acknowledging same by my dated signature hereafter.

Signature: _____ Date: _____