



APPLICATION FOR EMPLOYMENT

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

(PLEASE TYPE)

Position(s) Applied for:		Date of Application
How Did You Learn About the Advertised Position?		
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 hired, can you provide authorization to work in the United States? Yes No

Have you ever been employed with us before? Yes No

If Yes, please provide dates: _____

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 driver's license? Yes No

Do you possess a Commercial Driver's License (CDL)? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



EDUCATION

	Name and City/State of School	Course of Study	Years Completed	Diploma or Degree Achieved & Awarded
High School				
Undergraduate School				
Other (please specify)				

Please describe any specialized training, apprenticeship, skills, extra-curricular activities, and professional membership organizations to which you belong and that are related to the position for which you are applying:

Please describe any job-related training received in the United States military:



EMPLOYMENT EXPERIENCE

Please start with your present or most recent 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.

Employer Name:	Dates Employed		Description of Duties:
Employer Address:	From:	To:	
Employer Telephone:			
Job Title:	Hourly Rate/Salary		
Supervisor Name:	Starting:	Final:	
Reason for Leaving:			
May we contact this employer: Yes No			
If you direct supervisor has additional or different contact information, please provide that information here:			

Employer Name:	Dates Employed		Description of Duties:
Employer Address:	From:	To:	
Employer Telephone:			
Job Title:	Hourly Rate/Salary		
Supervisor Name:	Starting:	Final:	
Reason for Leaving:			
May we contact this employer: Yes No			
If you direct supervisor has additional or different contact information, please provide that information here:			



Employer Name:	Dates Employed From: To:		Description of Duties:
Employer Address:			
Employer Telephone:			
Job Title:	Hourly Rate/Salary Starting: Final:		
Supervisor Name:			
Reason for Leaving:			
May we contact this employer: Yes No			
If you direct supervisor has additional or different contact information, please provide that information here:			

Employer Name:	Dates Employed From: To:		Description of Duties:
Employer Address:			
Employer Telephone:			
Job Title:	Hourly Rate/Salary Starting: Final:		
Supervisor Name:			
Reason for Leaving:			
May we contact this employer: Yes No			
If you direct supervisor has additional or different contact information, please provide that information here:			

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



ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held: (you may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)

Other Qualifications: Please summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills: Please list additional skills that you have that are related to the position (eg: office equipment, computer hardware and software, machinery, light and heavy equipment operation, etc.)

Please share any additional information you think may be helpful in considering your application for the specified position:

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 are applying? A description of such activities involved is provided with the job description.

Yes No



REFERENCES:

Name:	Professional Relationship:	Phone Number:	Email:

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: _____

