**APPLICATION FOR EMPLOYMENT**

**Town of DeBeque**

**P.O Box 60 970/283-5475 Telephone**

**381 Minter Avenue 970/283-5205 Fax**

**DeBeque, CO 81630 clerk@debeque.org**

Position Applied For \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn about this position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Town of De Beque does not unlawfully discriminate on the bases of race, color, sex, gender, sexual orientation, gender identity, gender expression, national origin, marital status, ancestry, religion, creed, age, physical or mental disability, genetic information, veteran or military status, or other protected status under federal or state law.**

**APPLICANTS INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: | First Name: | Middle Int. | |
| Street Address: | City | State | Zip Code |
| Mailing Address:(if different from above) | City | State | Zip Code |
| Email Address: | | | |

**TELEPHONE NUMBERS:**

Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Message: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you under 18 years of age? Yes\_\_\_ No\_\_\_. If “Yes,” state your date of birth: \_\_\_\_\_\_\_\_\_\_\_\_.

Are you lawfully authorized to work in the United States? Yes  No.

I reviewed the essential job functions and state that I can perform these functions with or without reasonable accommodation. Yes\_\_\_\_ No\_\_\_\_. If no, please describe the functions or duties you are unable to perform

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever been employed with the Town of DeBeque? Yes No

If yes, give position and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any friends or relatives employed with the Town of DeBeque? 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DRIVERS LICENSE:**

Do you have a valid driver’s license? Yes No

If Yes, Please give number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_

Class Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Endorsements\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | School Name and Location | Years Completed | Diploma/  Degree/  Certification | Course of Study |
| High School |  |  |  |  |
| Undergraduate  College/University |  |  |  |  |
| Graduate/  Professional School |  |  |  |  |
| Trade/  Technical School |  |  |  |  |

**EMPLOYMENT EXPERIENCE:**

Please start with your present or last job. Include any job-related military service assignments and volunteer activities

|  |  |
| --- | --- |
| Employer: | Supervisor: |
| Address: | Dates Employed:  From:\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone Number: |  |
| Job Title: |  |
| Duties: | |
| Reason for Leaving: | |

|  |  |
| --- | --- |
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| Telephone Number: |  |
| Job Title: |  |
| Duties: | |
| Reason for Leaving: | |

Please explain any gaps in employment history.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL SKILL 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# |
|  |  |  |
|  |  |  |
|  |  |  |

n addition to this application, the applicant has provided a:

Resume

Cover Letter

**PLEASE READ THE FOLLOWING PARAGRAPH BEFORE SIGNING THIS APPLICATION**

I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation of information by statement or omission will result in disqualification or, if already hired, dismissal from employment, no matter when the misrepresentation is discovered. I understand that Town of De Beque may require me to complete a background check with respect to any criminal history during the application process. I authorize Town of De Beque to contact my references, investigate my employment history, education, criminal record, and if applicable, driving record, and to obtain a consumer report regarding me. I agree to assist Town of De Beque in obtaining background information on me by signing any authorization/release forms necessary to obtain such information. I will submit to and pass any drug test required by Town of De Beque as a condition of employment. All employment with v is at-will, meaning that all employment with Town of De Beque may be terminated, with or without cause, and with or without prior notice, at any time, at the option of either me or Town of De Beque. I certify that I am submitting this application because of a good faith desire for employment with Town of De Beque. If offered employment, I will consider the offer, and if I accept, I will fulfill the requirements of the job to the best of my ability.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_