



APPLICATION FOR EMPLOYMENT

Town of DeBeque

**PO Box 60
381 Minter Avenue
DeBeque, CO 81630**

**970/283-5475 Tele
970/283-5205 Fax
clerk@debeque.org**

Position Applied For _____ Date of Application _____
How did you learn about this position: _____

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.

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: _____

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 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: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain

(A conviction will not necessarily disqualify an applicant from the position applied for.)

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. You may exclude organizations indicting race, color, religion, gender, national origin, handicap or other protected status. (Attach additional sheets if necessary or resume.)

Employer:	Supervisor:
Address:	Dates Employed: From: _____ To: _____
Telephone Number:	
Job Title:	
Duties:	
Reason for Leaving:	

Employer:	Supervisor:
Address:	Dates Employed: From: _____ To: _____
Telephone Number:	
Job Title:	
Duties:	
Reason for Leaving:	

Employer:	Supervisor:
Address:	Dates Employed: From: _____ To: _____
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#

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

Resume

Cover Letter