

APPLICATION FOR EMPLOYMENT

Town of Minturn
P.O. Box 309 ♦ 302 Pine Street
Minturn, CO 81645
Phone: 970-827-5645
Fax: 970-827-5545
Email: manager@minturn.org



FOR OFFICE USE ONLY
Received By _____
Date _____
Attached Pages _____

Position Applied For _____
 Date of Application ____/____/____

Last Name		First Name		M.I.	D.O.B.	S.S.N.
Street Address			City		State	Zip Code
Mailing Address (if different from above)			City		State	Zip Code
Daytime Phone Number	Home Phone Number	How did you learn about us?				
		<input type="checkbox"/> Advertisement		<input type="checkbox"/> Web Site		
		<input type="checkbox"/> Friend/Relative		<input type="checkbox"/> Other _____		
Email Address: _____						

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 at the Town of Minturn? Yes No

If yes, give position and date _____

Do you have any friends or relatives employed at the Town of Minturn? 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: _____

If your job requires driving, please provide: _____
 Drivers License Number / State / Expiration Date

Have you been convicted of felony within the last seven years?

Yes No

No

If yes, please explain _____

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

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.

EDUCATION

Table with 5 columns: School Name and Location, Years Completed, Diploma/Degree/Certification, Course of Study. Rows include High School, Undergraduate College/University, Graduate/Professional School, and Trade/Technical School.

Please describe any job related specialized training, apprenticeship, skills and extra-curricular activities:

Three horizontal lines for describing specialized training and activities.

EMPLOYMENT EXPERIENCE

Please start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations indicating race, color, religion, gender, national origin, handicap or other protected status. (Attach additional sheets if necessary)

Employment Experience Form 1: Fields for Employer, Supervisor, Address, Dates Employed (From/To), Telephone Number(s), Hourly Rate/Salary, Job Title, Starting/Final, Job Duties, and Reason for Leaving.

Employment Experience Form 2: Fields for Employer, Supervisor, Address, Dates Employed (From/To).

Telephone Number(s):	Hourly Rate/Salary	
Job Title:	Starting:	Final:
Job Duties:		
Reason for Leaving:		

Employer:	Supervisor:	
Address:	Dates Employed	
	From:	To:
Telephone Number(s):	Hourly Rate/Salary	
Job Title:	Starting:	Final:
Job Duties:		
Reason for Leaving:		

Please explain any gaps in employment history.

SPECIAL SKILLS 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 #	Profession

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer 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 changes in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date