

TOWN OF ORCHARD CITY, COLORADO

Employment Application

We are an Equal Opportunity Employer

The Town of Orchard City Promotes a Drug and Alcohol Free Workplace

Please mail or bring your completed application to: **Town of Orchard City Human Resources**
9661 2100 Road
Austin, CO. 81410

- Do not change the format or layout of this form.
- Print neatly in ink or type.
- Answer all questions completely and sign the application and all other forms.
- **Resumes may be attached but will not be accepted in lieu of a completed application.**
- Read all information/disclaimers on this application.
- If you have any questions or need assistance, please contact Human Resources at (970)-835-3337.
- **Please use your full, legal name each time you submit an application.**

Job Data												
Job Title:		Date you will be available for employment:										
Job Posting No:		Job Code No:										
Personal Data												
Name: Last:		First:	Middle Initial:									
Address:												
City:		State:	Zip:									
Phone	Days:	Evenings:	Alternate:									
All applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have the legal right to work in the U.S.? Please explain:												
Date of birth (if less than 18):												
Have you ever worked or volunteered for the Town of Orchard City? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give dates:												
Do you have any relatives employed with the Town of Orchard City? Our policy is that relatives shall not be employed in either a direct or indirect supervisory relationship. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: <table border="0"><tr><td>Name</td><td>Division</td><td>Relationship</td></tr><tr><td>Name</td><td>Division</td><td>Relationship</td></tr><tr><td>Name</td><td>Division</td><td>Relationship</td></tr></table>				Name	Division	Relationship	Name	Division	Relationship	Name	Division	Relationship
Name	Division	Relationship										
Name	Division	Relationship										
Name	Division	Relationship										
Driver's License No. & State:		Class:	Expiration:									
Have you had any traffic convictions or accidents in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: <table border="0"><tr><td>Conviction or Accident</td><td>Date</td></tr><tr><td>Conviction or Accident</td><td>Date</td></tr></table>				Conviction or Accident	Date	Conviction or Accident	Date					
Conviction or Accident	Date											
Conviction or Accident	Date											
Commercial Driver's License No. & State:		Class:	Endorsements:									
Expiration:												
Please list other names you have used:												
Have you been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details including dates, charges, and disposition. Convictions are not an absolute bar to employment. Consideration is given to the offense and its relationship to the position for which you are applying.												
Have you ever been discharged from a position or resigned to avoid being discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:												

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Education <i>Note: Complete this application in its entirety; an incomplete application will not be accepted. Resumes may be attached but will not be accepted in lieu of a completed application.</i>				
Did you graduate from high school or do you have a G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No		High School Name: Location:		
Name of School, College(s) or University	Major	Credit Hours	Degree	Year*
*Proof of degrees from an accredited College/University will be required upon hire.				
Name of Trade/Technical/Business Or Other School(s) Attended		Course of Study	Diploma & Year	
List license (date & number), professional registrations (date), certificates and professional memberships:				
List honors, awards, fellowships:				
Skills Overview				
Approximate typing speed in words per minute:				
List computer software with which you are familiar:				
Fluent in a language other than English: <input type="checkbox"/> Yes <input type="checkbox"/> No	Language(s):	Speak:	Read:	Write:
Please summarize relevant skills and experience that exemplify your qualifications for the above position:				
Tools and machines you can use and operate:				
Light or heavy motor vehicle equipment you can operate:				
Summarize volunteer services work including dates:				
Summarize leadership roles:				

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Employment History <i>Note: Complete this application in its entirety; an incomplete application will not be accepted. Resumes may be attached but will not be accepted in lieu of a completed application.</i>			
Current or most recent employer:			Phone:
Address: (street, city, state)			
Your title:			
Employment dates	From (month/year):	To (month/year):	
Supervisor's name/title:			
Starting salary:	Present/Ending:	Hours per week:	
Work performed:			
Reason for leaving:			
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:			Phone:
Address: (street, city, state)			
Your title:			
Employment dates	From (month/year):	To (month/year):	
Supervisor's name/title:			
Starting salary:	Ending:	Hours per week:	
Work performed:			
Reason for leaving:			
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:			Phone:
Address: (street, city, state)			
Your title:			
Employment dates	From (month/year):	To (month/year):	
Supervisor's name/title:			
Starting salary:	Ending:	Hours per week:	
Work performed:			
Reason for leaving:			
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Employment History <i>Note: Complete this application in its entirety; an incomplete application will not be accepted. Resumes may be attached but will not be accepted in lieu of a completed application.</i>			
Employer:			Phone:
Address: (street, city, state)			
Your title:			
Employment dates	From (month/year):	To (month/year):	
Supervisor's name/title:			
Starting salary:	Ending:	Hours per week:	
Work performed:			
Reason for leaving:			
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:			Phone:
Address: (street, city, state)			
Your title:			
Employment dates	From (month/year):	To (month/year):	
Supervisor's name/title:			
Starting salary:	Ending:	Hours per week:	
Work performed:			
Reason for leaving:			
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Military Service			
Have you ever served on active duty in the U.S. armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dates:	From:	To:	
Branch:			
Primary duties:			

Conditions of Consideration for Employment
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All information contained on the application is subject to verification. The Town of Orchard City will conduct background checks including, but not limited to, credit history, 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, any applicable medical examinations, review of work references, and result of a background check.

I understand that specific positions at the Town of Orchard City may require me to provide evidence of an acceptable driving record.

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 Orchard City.

When advised, reasonable accommodations will be made in order for an “otherwise qualified applicant” with a disability to participate in any phase of the recruitment process (Americans with Disabilities Act of 1991).

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 Orchard City 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 Orchard City 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 providing the Town of Orchard City relevant job related information that will assist in this process.

I have read and understand the “Conditions of Consideration for Employment.” Please acknowledge by checking the box:

☐ Yes ☐ No

Signature:	Date:
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Paste Your Resume Here:

(Resumes may be attached but will not be accepted in lieu of a completed application)

