



Town of Buena Vista

P.O. Box 2002
 Buena Vista CO 81211
 719.395.8643
 719.395.8644 Fax

EMPLOYMENT APPLICATION

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

(PLEASE PRINT)

Position Applied for		Date of Application	
How Did You Learn About Us?			
	Advertisement Employment Agency	Friend/ Relative	Inquiry Other _____

Last Name		First Name		Middle Initial	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		
Home		Cell			
Email:					

Best time to contact you at home is: _____		
If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes	No
Have you ever filed an application with us before? If Yes, give date _____	Yes	No
Have you ever been employed with us before? If Yes, give date _____	Yes	No
Do any of your friends or relatives, other than spouse, work here? If Yes, state name, relationship and location _____	Yes	No
Are you currently employed?	Yes	No
May we contact your present employer?	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	Yes	No

Date available for work _____ / _____ / _____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift) _____
 Part Time (Please indicate Morning Afternoon Evenings) _____
 Temporary (Please indicate dates available _____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and address of school	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last 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.

Employer	Dates Employed		Work Performed		
Address	From	To			
Telephone Number(s)					
Starting/Present Job Title					
Supervisor	Hourly Rate/Salary				
	Starting	Final			
Reason for Leaving			May We Contact?	Yes	No
Employer	Dates Employed		Work Performed		
Address	From	To			
Telephone Number(s)					
Starting/Present Job Title					
Supervisor	Hourly Rate/Salary				
	Starting	Final			
Reason for Leaving			May We Contact?	Yes	No
Employer	Dates Employed		Work Performed		
Address	From	To			
Telephone Number(s)					
Starting/Present Job Title					
Supervisor	Hourly Rate/Salary				
	Starting	Final			
Reason for Leaving			May We Contact?	Yes	No

Employer	Dates Employed		Work Performed		
	From	To			
Address					
Telephone Number(s)					
Starting/Present Job Title					
Supervisor	Hourly Rate/Salary				
	Starting	Final			
Reason for Leaving			May We Contact?	Yes	No
Comments: Include explanation of any gaps in employment:					

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religious, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

SPECIALIZED SKILLS (Skills/Equipment Operated)

___ Terminal	___ Spreadsheet	Production/Mobile Machinery (list)	Other (list)
___ PC/MAC	___ Word Processing	_____	_____
___ Typewriter	___ Shorthand	_____	_____
WPM ___	WPM ___	_____	_____
<i>State any additional information you feel may be helpful to us in considering your application.</i>			

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 have applied? A review of the activities involved in such a job or occupation has been given. Yes No

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 such change is specifically acknowledged in writing by an authorized executive of this organization.

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: _____ Date: _____