



703 Weld County Road 37, Lochbuie, CO 80603
 Tel: 303-655-9308 Fax: 303-655-9312
 www.lochbuie.org

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION									
Last Name			First			M.I.	Date		
Street Address					Apartment/Unit #				
City				State		ZIP			
Phone				E-mail Address					
Date Available		Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>		Temporary <input type="checkbox"/>		Desired Salary	
Position Applied for									
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for the Town?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Do you have any physical restrictions that would limit you doing the job you have applied for?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

EDUCATION									
High School				City, State					
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College				City, State					
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				City, State					
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES				
<i>Please list three professional references.</i>				
Full Name		Phone Number	Best Time to Call	Occupation
1.				
2.				
3.				

EMPLOYMENT HISTORY

Company					Phone				
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Company					Phone				
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Company					Phone				
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		

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

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.)

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

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE HUMAN RESOURCES DIRECTOR HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature:

Date: