

Application for Employment

Town of Center

294 S. Worth St. • P.O. Box 400
Center, CO 81125

Phone: 719-754-3497

FAX: 719-754-3379

www.centerco.gov

For Office Use Only

NO. _____

Date Received: _____

Short Form App. Implemented June 2012

AN EQUAL OPPORTUNITY EMPLOYER

Please review the minimum qualifications for a job **before** you apply. Be sure to include any supporting documents required in the announcement. Applications must be submitted by the final filing date on the announcement (except for continuous recruitment jobs.) **DO NOT substitute a resume for this application form. Incomplete or illegible applications will not be processed.** If a question is not applicable, write "N.A." in the space. If more space is needed to give full answers or explanations, attach additional sheets. This application form and all attached documents are official records of the Town of Center and cannot be returned or re-used. The information provided is considered confidential and will be used to evaluate your qualifications for employment.

PLEASE PRINT

Position(s) Applied For _____ Date ____/____/____

Name _____ Last _____ First _____ Middle _____

Address _____ Street _____ City _____ State _____ Zip _____

Mailing Address (if different) _____

Telephone # (____) _____ Alternate # (____) _____ E-mail Address _____

Social Security # ____-____-____ Valid Drivers License # _____ State: _____ Class: _____

Check the types of employment you would accept: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal

Date Available For Work: _____

Referral Source (How did you hear about us?) _____

Have you ever been or are you presently employed by the Town of Center?..... ☐ Yes ☐ No

If presently employed, are you seeking a: ☐ Promotion ☐ Voluntary Demotion ☐ Transfer

Do you have relatives employed by the Town of Center?..... ☐ Yes ☐ No

If "Yes," in which department: _____

Have you ever pleaded "guilty" or "no contest to," or been convicted of a crime?..... ☐ Yes ☐ No

If "Yes," please provide details: _____

(An answer of "Yes" to this question does not constitute an automatic bar to employment. Attach additional sheet if necessary.)

FOR SWORN POLICE DEPARTMENT POSITIONS:

Do you certify that you have never in your adult life been convicted of, or pled no-contest to, a charge involving domestic violence? ☐ Yes ☐ No

Educational Background

School (include City & State)	Dates	Credits Completed	Completed	Major/Minor
High School		S = Semester Q = Quarter	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other	
College / University / Trade School / Other			<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	
			<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	
			<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	

Skills and Qualifications

List other **job related** courses or training, (trade, vocational, armed forces, business). Give name and location of each school/workshop/military service; dates attended and subjects studied. Also list additional college courses and number of semester or quarter hours taken which are specifically **job related**. Also list other job related qualifications, achievements, skills with machines, patents, publications, typing or keyboarding speed, professional licenses, etc. (give numbers and expiration dates of licenses). **Attach additional sheets or transcripts if necessary.**

MILITARY SERVICE RECORD: Branch of service _____ Dates _____ Type of discharge _____

References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			(____) _____	
			(____) _____	
			(____) _____	

Employment History

IMPORTANT INSTRUCTIONS FOR COMPLETING WORK HISTORY: List your entire work history part-time, temporary, volunteer, summer jobs and service in the armed forces. **List your jobs starting with your present or most recent employer.** List each promotion as a separate job. To evaluate your qualifications, we must have accurate and complete information on previous job tasks and levels of responsibility. **DO NOT substitute a resume for specifics of tasks performed.** For each job, list the most important or major tasks first (those which took up most of your time or were most critical), then list the less important tasks. **If more space is needed, attach additional history sheets in same format.**

Employer	Telephone #	Month / Year	to	Month / Year
Street address	City	State	Zip	
Position Held	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Other <input type="checkbox"/>	
Supervisor	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number and type of position supervised	Reason for leaving			
Summarize tasks performed and job responsibilities:				
		Dates employed: / to /		
		Compensation (Start)		
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$		
		Commission / Bonus / Other Compensation \$		
		Compensation (Final)		
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$		
		Commission / Bonus / Other Compensation \$		
		Average # of hours worked per week:		

Employer	Telephone #	Month / Year	to	Month / Year
Street address	City	State	Zip	
Position Held	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Other <input type="checkbox"/>	
Supervisor	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number and type of position supervised	Reason for leaving			
Summarize tasks performed and job responsibilities:				
		Dates employed: / to /		
		Compensation (Start)		
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$		
		Commission / Bonus / Other Compensation \$		
		Compensation (Final)		
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$		
		Commission / Bonus / Other Compensation \$		
		Average # of hours worked per week:		

Employer	Telephone #	Month / Year	to	Month / Year
Street address	City	State	Zip	
Position Held	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Other <input type="checkbox"/>	
Supervisor	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number and type of position supervised	Reason for leaving			
Summarize tasks performed and job responsibilities:				
		Dates employed: / to /		
		Compensation (Start)		
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$		
		Commission / Bonus / Other Compensation \$		
		Compensation (Final)		
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$		
		Commission / Bonus / Other Compensation \$		
		Average # of hours worked per week:		

Employer	Telephone #	Month / Year	to	Month / Year
Street address	City	State	Zip	
Position Held	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Other <input type="checkbox"/>	
Supervisor	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number and type of position supervised	Reason for leaving			
Summarize tasks performed and job responsibilities:				
		Dates employed: / to /		
		Compensation (Start)		
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$		
		Commission / Bonus / Other Compensation \$		
		Compensation (Final)		
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$		
		Commission / Bonus / Other Compensation \$		
		Average # of hours worked per week:		

Applicant Statement

I certify that all information provided by me in making application (or any other accompanying required documents) contains no willful misrepresentations, falsifications or omissions and that the information given by me is true, correct and complete to the best of my knowledge. I understand that falsification, misrepresentation or omission of any facts on this application shall be considered sufficient cause for denial of employment or if employed, immediate termination of employment, regardless of the timing or circumstances of discovery.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Town of Center and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that if offered a position with the Town of Center, I may be required to submit to a pre-employment medical examination, alcohol and drug screening and a background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

Signature of Applicant _____ Date ____/____/____