

TOWN OF GRAND LAKE

1026 Park Avenue / PO Box 99
 Grand Lake, CO 80447-0099
 P (970) 627-3435 / F (970) 627-9290
Employment Application



Date of Application: _____

INSTRUCTIONS FOR COMPLETING APPLICATION

Answer each question fully and accurately. No action can be taken on this application until you have answered **ALL** questions. *Use blank paper if you do not have enough room on this application.* **PLEASE PRINT**, except for the signature on back of this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

The Town of Grand Lake is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be **based on job-related** factors. **Fax back or email to: glclerk@townofgrandlake.com**

APPLICANT INFORMATION

Last Name		First	M.I.	D.O.B.
Street Address			Post Office Box	
City		State	ZIP	
Phone		E-mail Address		
Position Applied for				
Date Available	Are you Seeking?	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>
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 been employed by the Town?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?		
Were you referred by a Town employee?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, who referred?		
Are you 16 years of age or older?	YES <input type="checkbox"/> NO <input type="checkbox"/>	(If you are hired, you may be required to submit proof of age.)		
If employed, do you expect to be engaged in any additional business or employment outside of your job?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain				

EDUCATION

High School		Location
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
College		Location
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Location
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

List names of employers in consecutive order with **present** or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

WORK HISTORY			
Employer		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"/>
Employer		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"/>
Employer		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"/>

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

SPECIAL SKILLS
What special skills, training, certifications, equipment operations, computer knowledge, or qualifications do you have that are related to the job for which you are applying?

DRIVER'S LICENSE			
Do you have a driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Number	Class	State	Expiration
Employees applying for positions requiring a Commercial Driver's License (CDL) will need to comply with Federal and State drug and alcohol testing requirements.			
Have you had your driver's license suspended or revoked in the last 3 years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, give details			

REFERENCES			
Have you worked or attended school under any other names?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, give names			
Are you presently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, whom do you suggest we contact?			
Have you ever been fired from a job or asked to resign?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain			
Have you been convicted of a misdemeanor or felony? Include any plea of 'guilty' or 'no-contest'.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Exclude minor traffic violations. (A conviction will not necessarily disqualify you from employment.)			
If yes, give details			
Give three references, not relatives or former employers:			
Name		Contact	
Address		Phone	
Name		Contact	
Address		Phone	
Name		Contact	
Address		Phone	

PLEASE NOTE: SMOKING IS PROHIBITED IN ALL TOWN BUILDINGS, FACILITIES AND VEHICLES.

AFFIDAVID, CONSENT AND RELEASE	
Please Read Each Statement Carefully Before Signing.	
I certify that all information provided in this 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 pre-employment drug and alcohol screening examination. I hereby consent to a pre-and/or post-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 TOWN MANAGER HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE TOWN MANAGER AND THE EMPLOYEE. 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