



TOWN OF GARDEN CITY
APPLICATION FOR EMPLOYMENT

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.

Application must be completed in full, you may attach a resume, but do not write "see resume". Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application.

Job Applied for _____ Today's Date _____

How did you hear about this position? _____ What date can you start? _____

Last Name	First Name	MI	Phone number/Cell number
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Present Street Address	City	State	Zip Code
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Are you 18 years of age or older? (Please Circle) YES NO

Are you legally permitted to work in the United States? (Please Circle) YES NO

Have you ever applied here before? YES NO If yes, when? _____

Were you ever employed here? YES NO If yes, when? _____

Do you have a valid driver's license? YES NO

Driver's License Number _____ Class of License _____ State Licensed In _____

List all traffic violations/accidents in the last 3 years _____

Has your license been suspended or revoked? YES NO

If yes, please provide dates of revocation or suspension and explain why: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____

LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma/ Degree/Certificate	Subjects Studied
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			
What skills or additional training do you have that relate to the job for which you are applying: _____ _____			
What machines or equipment can you operate that relate to the job for which are you applying? _____ _____			
Can you speak both English and Spanish? _____		Can you write both English or Spanish? _____	
LICENSES AND CERTIFICATIONS: Professional/Trade: _____ Level: _____ Expires: _____			

List the 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 name and supply business references. NOTE: A job offer may be contingent upon acceptable references from current and former employers, please let us know if you do not want us to contact an employer. Please use a blank sheet of which paper if you need more room.

Name of Employer	Job Title and Duties		
Address	Dates of Employment (MO/YR) From:	To:	
City, State, Zip Code	Pay: Start \$	Final \$	
Supervisor(s)	Telephone	Reason for Leaving	

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Have you worked or attended school under any other names?

YES

NO

If yes, give names: _____

Are you presently employed?

YES

NO

If yes, whom do you suggest we contact? _____

Give three references, not relatives, and familiar with your **work** ability:

Name

Address

Phone

1. _____
2. _____
3. _____

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. 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 _____



621 27th Street Road
Garden City, Co 80631
970-351-0041

WAIVER AND INFORMATION FORM
FOR CRIMINAL BACKGROUND CHECK

I am an applicant for employment with the Town of Garden City. As part of my application for employment, I hereby voluntarily submit to both a criminal records check, driver history and credit check to be conducted for the benefit of the Town of Garden City. I am providing confidential information to be used only for this background check and credit check. I hereby waive any claim I may have or which may arise due to the use of such information for a background records check and credit check purposes only. This waiver does not include any claim for damages resulting from any intentional or grossly negligent release of my confidential information by the Town or its employees.

Name (full): _____

Other names used: _____

Sex: _____

Date of birth: _____

State of birth: _____

Driver's License #: _____

Social security number: _____

I direct that this information be used only for the purposes of obtaining a background records check and credit check as part of my application for employment. No other release of my confidential information may be made without my further consent.

Signed this ____ day of _____, 20____.

Applicant signature