



PO Box 398; 235 W Main ST
Cedaredge, CO 81413
Voice 970-856-3123–FAX 970-856-7292

EMPLOYMENT APPLICATION

The Town of Cedaredge is an equal opportunity employer. All applicants will receive consideration without discrimination because of race, color, religion, creed, national origin, gender, marital status, pregnancy, disability or any other protected status.

NOTICE TO APPLICANT

This application will be used in evaluating your qualifications for employment. **THIS IS NOT AN EMPLOYMENT CONTRACT.** EMPLOYMENT with The Town of Cedaredge IS “AT - WILL”. This means that employees of The Town of Cedaredge may be terminated at any time, for any reason, or for no reason at all. Likewise, employees may discontinue their employment at any time, for any reason, or for no reason at all. Nothing in this application is intended, and nothing should be construed, to create an expressed or implied contract between The Town of Cedaredge and any applicant.

Instructions: Please read this entire Application carefully. Answer each question completely and accurately. Incomplete applications will not be considered. False or misleading statements made by the applicant on this Application are grounds for terminating the application process or, in the event an applicant is hired, grounds for terminating employment if discovered after employment. If you need assistance filling out this Application or during any phase of the application process, please notify the person who gave you this Application and every effort will be made to accommodate your needs in a reasonable amount of time.

PLEASE PRINT CLEARLY

Today's Date: _____ Position applied for: _____

Name: _____
Last First Middle Initial

Home Phone: _____ Cell: _____ or Work Phone: _____

Email: _____

Current Mailing Address: _____ City, State and ZIP _____

Current Site Address: _____ City, State and ZIP _____
Street

Prior Address _____
Street

City State Zip Code

Have you filed an application with The Town of Cedaredge before? No__ Yes__
If yes, give date _____

Have you ever been employed by The Town of Cedaredge before? No__ Yes__
If yes, give date _____

Are you employed now? No__
Yes__

May we contact your present employer? No__ Yes__

Are you over 18 years old? No__ Yes__

Are you prevented from lawfully becoming employed because of visa or immigration status? (Proof of eligibility to work under immigration laws will be required upon employment.) No__ Yes__

What date can you start? _____

Are you available to work: Full Time__ Part Time__ Shift__ Temporary__

Are you available to work: Weekdays__ Weekends__ Nights__ Evenings__ Overtime__

Have you been given a copy of the job description for the position you are applying for? No__ Yes__

If No, please do not proceed with the rest of the Application until you have received one.

Have you read the job description for the position you are applying for? No__ Yes__

If No, please do not proceed with the rest of the Application until you have done so.

Do you need the requirements explained to you? No__ Yes__

Do you understand the requirements? No__ Yes__

Can you perform the requirements of the position you are applying for with or without reasonable accommodation? No__ Yes__

If the position you are applying for requires one, do you have the appropriate valid driver's license? No__ Yes__

Name on license _____ DL# _____

Type _____ State of Issue _____

Have you had any moving violations? No__ Yes__

If yes, please describe _____

List the States and Counties in which you have resided during the last seven years: _____

Have you used any names or social security numbers other than the ones given above? No__ Yes__

If yes, please list: _____

Previous Employment

Most Recent Employer:

Employer (Company) Name	City	State	Phone
Dates Employed: From _____ To _____			
Hourly Rate/Salary Start _____ Finish _____			
Job Title: _____			
Duties/Work Performed: _____			

Reason for leaving: _____
Supervisor's Name & Title: _____

Second Most Recent Employer:

Employer (Company) Name	City	State	Phone
Dates Employed: From _____ To _____			
Hourly Rate/Salary Start _____ Finish _____			
Job Title: _____			
Duties/Work Performed: _____			

Reason for leaving: _____
Supervisor's Name & Title: _____

Third Most Recent Employer:

Employer (Company) Name	City	State	Phone
Dates Employed: From _____ To _____			
Hourly Rate/Salary: Start _____ Finish _____			
Job Title: _____			
Duties/Work Performed: _____			

Reason for leaving: _____
Supervisor's Name & Title: _____

References: Please list three people who are familiar with your work ability, who are not related to you, and who are not previous employers.

Name: _____ Phone Number: _____

Address: _____ Years Known/Relationship: _____

Name: _____ Phone Number: _____

Address: _____ Years Known/Relationship: _____

Name: _____ Phone Number: _____

Address: _____ Years Known/Relationship: _____

Education

Please circle the highest grade completed: 6 7 8 9 10 11 12 13 14 15 16+

Are your school records under a different name than listed above? No ___ Yes ___

If yes, please list name: _____

	<u>Name</u>	<u>City/State</u>	<u>Graduate</u>	<u>Major or Course of Study</u>
High School			Yes No	
College			Yes No	
Other			Yes No	

Please describe any specialized training you may have, apprenticeships you have completed, licenses or certificates that may be related to the position for which you are applying, or you feel would be of value to this position or The Town of Cedaredge: _____

Person to notify in case of emergency: _____ Daytime Phone: _____

APPLICANT'S CERTIFICATION AND RELEASE

I certify that I have read and understand this Application and the Job Description for the position for which I am applying.

I certify that the answers given by me to the questions asked on this application and the statements made by me are true and complete to the best of my knowledge.

I understand, agree and acknowledge that falsification, omission or misrepresentation of any information called for in this Application may result in the rejection of my Application or, in the event I am hired, the termination of my employment at any time.

I authorize The Town of Cedaredge and/or its agents, including consumer reporting bureaus, to verify any and all of the information I have provided on this Application.

I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for releasing this information.

I understand that after an offer of employment and prior to reporting to work, I will be required to submit to a medical review. I understand that I may be required to complete a medical history form and to be examined by a medical professional designated by The Town of Cedaredge, depending on the position for which I am applying.

I understand that the use of illegal drugs is prohibited during employment. If The Town of Cedaredge's policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I understand, agree and acknowledge that this Application is not an employment contract nor is it an offer of employment. I understand, agree and acknowledge that in the event I am hired by The Town of Cedaredge I will be an "At - Will" employee, subject to termination at any time, for any reason or for no reason at all.

Signature of Applicant

Date