

Employment Application

EQUAL OPPORTUNITY EMPLOYER



City of Craig, 300 West 4th Street, Craig , CO. 81625
Phone: 970-826-2010 fax: 970-826-2036 http://www.ci.craig.co.us

TO ALL APPLICANTS: FAILURE TO PROVIDE ANY SEGMENT OF THE INFORMATION REQUESTED ON THIS APPLICATION MAY RESULT IN A LOSS OF CONSIDERATION FOR EMPLOYMENT. WHERE INFORMATION SOUGHT IS NOT RELEVANT TO YOUR STATUS, ENTER "N.A." (NOT APPLICABLE) IN THE APPROPRIATE BLANK.

PERSONAL - PLEASE PRINT

DATE	NAME (LAST, FIRST, MIDDLE)	SOC. SEC. NO. (OPTIONAL)
ADDRESS (STREET. CITY. STATE. ZIP)		AREA CODE - PHONE <input type="checkbox"/> WORK HOME <input type="checkbox"/> CELL <input type="checkbox"/>
ARE YOU IN U.S.A. ON TEMPORARY VISA? <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>EMAIL ADDRESS</u>	RELATIVES/ FRIENDS EMPLOYED BY CITY
PREVIOUSLY EMPLOYED By CITY <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A VALID COLO. DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, GIVE D.L. #, TYPE AND EXPIRATION:	

POSITION DESIRED (1) _____ (2) _____	SALARY EXPECTED/MO.	FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	SUMMER <input type="checkbox"/>
DATE AVAILABLE TO START	LIST EXPERIENCE OR OTHER RELEVANT INFORMATION TO THE JOB FOR WHICH YOU ARE APPLYING:			

EDUCATION

SCHOOLS ATTENDED	CITY LOCATION: STATE	GRAD. Yes or No	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

MILITARY

MILITARY EXPERIENCE <input type="checkbox"/> YES <input type="checkbox"/> NO	YEARS OF SERVICE	LIST TRAINING RELATED TO POSITION APPLYING FOR
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PERSONNEL USE ONLY

INTERVIEW	YES NO	SCHEDULED FOR: TIME	DATE	DEPT.
APPLICANT HIRED	YES NO	START DATE	ORIENTATION DATE	POSITION

EMPLOYMENT HISTORY

FROM: MO/YR.	TO: MO/YR	EMPLOYER/TYPE OF BUSINESS	
ADDRESS (STREET. CITY. STATE)			AREA CODE - PHONE
SUPERVISOR	MAY WE CONTACT	<input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION/MO. SALARY (BEGINNING AND FINAL)
DUTIES			REASON FOR LEAVING

FROM: MO/YR.	TO: MO/YR	EMPLOYER/TYPE OF BUSINESS	
ADDRESS (STREET. CITY. STATE)			AREA CODE - PHONE
SUPERVISOR	MAY WE CONTACT	<input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION/MO. SALARY (BEGINNING AND FINAL)
DUTIES			REASON FOR LEAVING

FROM: MO/YR	TO: MO/YR	EMPLOYER/TYPE OF BUSINESS	
ADDRESS (STREET. CITY. STATE)			AREA CODE - PHONE
SUPERVISOR	MAY WE CONTACT	<input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION/MO. SALARY (BEGINNING AND FINAL)
DUTIES			REASON FOR LEAVING

IN ACCORDANCE WITH THE CIVIL RIGHTS ACT OF 1964, A.D.E.A. LEGISLATION AND THE COLORADO ANTI-DISCRIMINATION LAWS, THE CITY OF CRAIG (IN ALL ITS EMPLOYMENT PRACTICES) STRICTLY ADHERES TO A POLICY OF NON-DISCRIMINATION WITH REGARD TO RACE, COLOR, RELIGION, SEX, NATURAL ORIGIN, AGE, ANCESTRY, MARITAL STATUS, OR PHYSICAL OR MENTAL HANDICAP OR DISABILITY.

DO NOT ANSWER THE FOLLOWING QUESTIONS UNLESS DIRECTED TO DO SO IN A PRE-INTERVIEW SESSION WITH THE PERSONNEL OFFICER. THESE INQUIRIES RELATE TO CERTAIN POSITIONS WHICH REQUIRE INFORMATION (FOR A LEGALLY PERMISSIBLE REASON) SUCH AS BONA FIDE OCCUPATIONAL QUALIFICATION-NATIONAL SECURITY, BUSINESS NECESSITY, ETC.

HAVE YOU EVER BEEN BONDED? _____ IF YES- ON WHAT JOB(S)? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? PLEASE EXPLAIN _____

PLEASE DESCRIBE ANY PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES WHICH MIGHT PREVENT YOU FROM PERFORMING THE JOB YOU ARE APPLYING FOR, OR WHICH MIGHT PRECLUDE YOU FROM PERFORMING CERTAIN KINDS OF WORK.

OTHER BFOQ INQUIRIES OR INFORMATION. _____

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW.

I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE AND CORRECT, AND THAT IF I AM EMPLOYED, ANY FALSEHOODS OR MISREPRESENTATIONS WILL BE GROUNDS FOR IMMEDIATE DISMISSAL. THE APPLICANT FURTHER AUTHORIZES THE CITY OF CRAIG TO VERIFY PREVIOUS EMPLOYMENT AND AGREES TO RELEASE THE CITY FROM ANY LIABILITIES RESULTING FROM SUCH INVESTIGATIONS.

APPLICANT'S SIGNATURE: _____