

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name _____ Date of Application _____
 Mailing Address _____ Social Security No. _____
 _____ Home Phone _____
 _____ Message Phone _____

Position Applied for _____

Can you perform the essential functions of this position with or without reasonable accommodation? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

If previously employed by the City of Steamboat Springs list job(s) and dates _____

Do any relatives by blood, marriage, or adoption work for the City of Steamboat Springs? _____

If yes, list name(s): _____

Have you been charged of any law violations within the last 7 years? Yes No If yes, describe in full: _____

Do you have a valid Colorado Driver's License? _____ If no, how soon can you obtain one? _____

Have you ever had a drivers license suspended, revoked, denied, or canceled? Yes No

EDUCATION	HIGH SCHOOL	VOCATIONAL TECHNICAL	COLLEGE UNIVERSITY	GRADUATE PROFESSIONAL
School Name				
Last Year Completed (Circle)	9 10 11 12		1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Skills, Apprenticeship and Other Activities				

List three references not related to you: (Name, address, and phone number)

- | | | |
|----------------------------|----------------------------|----------------------------|
| 1. _____

_____ | 2. _____

_____ | 3. _____

_____ |
|----------------------------|----------------------------|----------------------------|

EMPLOYMENT EXPERIENCE

List each job held, start with present or last job, include military service assignments and volunteer activities which may be job related.

Employer	Telephone	From		To		DESCRIBE WORK PERFORMED
		MO	YR	MO	YR	
Address						
Job Title		Starting Salary				
Supervisor		Ending Salary				
Reason for leaving						

Employer	Telephone	From		To		DESCRIBE WORK PERFORMED
		MO	YR	MO	YR	
Address						
Job Title		Starting Salary				
Supervisor		Ending Salary				
Reason for leaving						

Employer	Telephone	From		To		DESCRIBE WORK PERFORMED
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Employer	Telephone	From		To		DESCRIBE WORK PERFORMED
		MO	YR	MO	YR	
Address						
Job Title		Starting Salary				
Supervisor		Ending Salary				
Reason for leaving						

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment, or interview(s), are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal.

I authorize the City to investigate and inquire into any of the facts set forth in this application, or interview(s), which relate to past and current employers, educational institutes, persons, law enforcement agencies, medical institutions or professionals, companies, corporations and credit agencies. I hereby authorize the release of information they may have about me and release them from any liability and responsibility from doing so. This authorization in original or copy form, shall be valid for this and any future information that may be required.

As a condition of employment I agree to drug testing,

Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S. and, upon conviction thereof, shall be punished accordingly.

I understand that employment with the City is "at-will", which means that either I or the City can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the City has any authority to alter the foregoing.

Applicant's Signature _____ Date _____

(Applications without signature will automatically be rejected)

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