



## **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.

			Date of Application						
Name			E-Mail Address						
Mailing Address			Home Phone						
			Message Phone						
Position Applied for									
Can you perform the e	essential functions of this	s position with or withou	t reasonable accommodat	ion? Yes No					
Are you authorized to	work in the U.S. on an u	nrestricted basis?	Yes No						
If previously employed by the City of Steamboat Springs list job(s) and dates									
		•	Steamboat Springs?						
If yes, list name(s):									
Have you been charge	ed with any law violation	s within the last 7 years	? Yes No If yes, des	cribe in full:					
Do you have a valid C	olorado Driver's License	e? Yes No - If no,	how soon can you obtain o	one?					
Do you have a valid C	DL? Yes No- Endo	orsements?							
Have you ever had a c	driver's license suspende	ed, revoked, denied, or	canceled? Yes No						
EDUCATION HIGH	SCHOOL	VOCATIONAL TECHNICAL	COLLEGE UNIVERSITY	GRADUATE PROFESSIONAL					
School Name									
Last Year Completed (Circle) Diploma/Degree	9 10 11 12		1 2 3 4	1 2 3 4					
Describe Course of Study									
Describe Specialized Training, Skills, Apprenticeship and Other Activities									
List three references n 1.	ot related to you: (Name 	e, address, and phone r							

## **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		
		МО	YR	МО	YR			
Address								
Job Title			Salary					
Supervisor			Salary					
Reason for leaving								
		1		1				
Employer	Telephone	From		То		DESCRIBE WORK PERFORMED		
		МО	YR	МО	YR			
Address								
Job Title			Starting Salary		•			
Supervisor			Ending Salary					
Reason for leaving								
		II.						
Employer	Telephone	From		То		DESCRIBE WORK PERFORMED		
		МО	YR	МО	YR			
Address								
Job Title		Starting	Salary					
Supervisor		Ending Salary						
Reason for leaving								
		I.		N.				
Employer	Telephone	From		То		DESCRIBE WORK PERFORMED		
		МО	YR	МО	YR			
Address								
Job Title			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)		

Rev. 03.03.15