



# APPLICATION FOR EMPLOYMENT TOWN OF PALISADE, COLORADO 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.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **Please Print** except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Job applied for: \_\_\_\_\_ Date: \_\_\_\_\_

I am seeking employment which is  full time  part-time  temporary

When are you available to start? \_\_\_\_\_ Minimum salary acceptable \_\_\_\_\_

\_\_\_\_\_  
(last name) (first name) (middle name) (telephone number)  
\_\_\_\_\_  
(present street address) (city) (state) (zip)

Are you 18 years of age or older? **Yes** **No** E-Mail \_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the US? **Yes** **No**

Do you have any relatives working for the Town of Palisade? **Yes** **No** If 'yes', who \_\_\_\_\_

Have you ever been employed by the Town of Palisade? **Yes** **No** If 'yes', when \_\_\_\_\_

Have you ever been convicted of any law violation? Include any plea of 'guilty' or 'no contest'. Exclude minor traffic violation. **Yes** **No** If 'yes', give details and dates \_\_\_\_\_

(a conviction will not necessarily disqualify an applicant for employment)

If employed by the Town, do you expect to be engaged in any additional business or employment outside of our job?

**Yes** **No** If 'yes', please explain \_\_\_\_\_

List special skills, machinery, equipment or additional training you have that are related to the job for which you are applying? \_\_\_\_\_

For driving jobs only. Do you have a valid Colorado drivers' license? **Yes** **No**

Drivers' License Number \_\_\_\_\_ Class of License \_\_\_\_\_

Have you had your drivers' license suspended or revoked in the last 3 years? **Yes** **No**

Resume may be attached to provide education and/or employment history

## EDUCATION

List name and address of schools

Course  
of  
Study

Diploma  
or  
Degree

High school or GED \_\_\_\_\_

College or University \_\_\_\_\_

Vocational or Technical \_\_\_\_\_

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

## WORK HISTORY

List names of employers in consecutive order with the present or last employer listed first. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current or former employers.**

Employer name, address & phone number	Supervisor	Dates of Employment
	May we contact? _____	
Duties	Salary	Reason for Leaving
Employer name, address & phone number	Supervisor	Dates of Employment
	May we contact? _____	
Duties	Salary	Reason for Leaving

### WORK HISTORY CONTINUED

Employer name, address & phone number	Supervisor May we contact?_____	Dates of Employment
Duties	Salary	Reason for Leaving

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Employer name, address & phone number	Supervisor May we contact?_____	Dates of Employment
Duties	Salary	Reason for Leaving

### REFERENCES

If you have worked or attended school under another name, please indicate other name below:

If you have ever been fired from a job or been asked to resign, please explain below.

Give three references, no relatives please.

(name)

(address)

(phone)

(name)

(address)

(phone)

(name)

(address)

(phone)

### AFFIDAVIT, CONSENT AND RELEASE 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 that 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 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. Only the Town Administrator has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by the Town Administrator and the employee. 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\_\_\_\_\_

**TOWN OF PALISADE**  
**AFFIDAVIT, CONSENT AND RELEASE**  
**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 UNDERSTAND THAT IF I AM EXTENDED AN OFFER OF EMPLOYMENT, IT MAY BE CONDITIONED UPON MY SUCCESSFULLY COMPLETING ANY REQUIRED EXAMINATIONS, AND THAT I CAN PROVIDE IDENTIFICATION WHICH VERIFIES MY UNITED STATES CITIZENSHIP OR AUTHORIZATION TO WORK OR REMAIN IN THE UNITED STATES. I CONSENT TO THE RELEASE OF ANY OR ALL MEDICAL INFORMATION AS MAY BE DEEMED NECESSARY TO DETERMINE MY CAPABILITY TO DO THE WORK FOR WHICH I AM APPLYING. I UNDERSTAND THAT IF I AM EXTENDED AN OFFER OF EMPLOYMENT, IT WILL BE CONDITIONAL UPON MY AGREEMENT TO ABIDE BY CITY POLICES.

By signing, I am authorizing 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 that:

- I may be asked to consent to a criminal background screening, sex offender registry check, Social Security Number and address verification.
- I understand that 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 NOR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE TOWN ADMINISTRATOR HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE TOWN ADMINISTRATOR AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE TOWN OF PALISADE. I HAVE THE RIGHT TO END MY WORK RELATIONSHIP WITH THE TOWN, WITH OR WITHOUT ADVANCE NOTICE. THE TOWN HAS THE SAME RIGHT.**

I have read, understand, and by my signature consent to these statements.

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Print Name

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Signature

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Date

This application for employment will remain active for a limited time. Ask Human Resources for details.