

APPLICATION FOR EMPLOYMENT

Town of Red Cliff
PO Box 40
Red Cliff, CO 81649
970-827-5303
fax 970-827-5300
email: manager@townofredcliff.org



FOR OFFICE USE ONLY

Received by: _____

Attached Pages: # _____

Date: _____

Position Applied For: _____

Date of Application: _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ ST: _____ Zip: _____

Mailing Address if different: _____

City: _____ ST: _____ Zip: _____

Home Ph: _____ Cell Ph: _____ Email: _____

Social Security Number: _____

Have you ever been employed by the Town of Red Cliff? _____ yes _____ no

If yes, please give position and date:

Do you have any friends or relatives employed by the Town of Red Cliff? _____ yes _____ no

If yes, please give name and relationship.

Are you currently employed? _____ yes _____ no May we contact your employer? _____ yes _____ no

Are you applying for: _____ Full Time _____ Part Time _____ Temp. _____ Seasonal

Date you are able to begin work: _____

If your job requires driving, please provide CDL# _____

Have you been convicted of a felony within the last seven years? _____ yes _____ no

If yes, please explain:

We consider applicants for all positions without regard to race, color, religion, sex, national origin age, marital or veteran status, the presence of non-job related medical condition or disability, or any other legally protected status.

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EDUCATION

Graduate: _____ yes _____ no

High School: _____

Degree: _____

College: _____

Other Technical or Trade: _____

Special Skills useful in the job applied for: _____

Anything else you would like us to know about you: _____

Is there anything you would need from us to complete the job you are applying for: _____

EMPLOYMENT EXPERIENCE

Please start with your present or last job held, you may include any job-related assignments or activities.
You may attach additional pages.

Employer: _____ Supervisor: _____

Address: _____

Telephone:(_____) _____ - _____ May we contact them: _____ yes _____ no

Job Title: _____ Dates Employed: _____ to _____

Reason for Leaving: _____

Employer: _____ Supervisor: _____

Address: _____

Telephone:(_____) _____ - _____ May we contact them: _____ yes _____ no

Job Title: _____ Dates Employed: _____ to _____

Reason for Leaving: _____

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REFERENCES

Please do not list employers or relatives. You may attach an additional sheet if needed.

Name: _____ Profession: _____
Telephone:(_____) _____ - _____ Address: _____
Relationship: _____
Name: _____ Profession: _____
Telephone:(_____) _____ - _____ Address: _____
Relationship: _____
Name: _____ Profession: _____
Telephone:(_____) _____ - _____ Address: _____
Relationship: _____

APPLICANT STATEMENT

I certify that the statements given are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employees at anytime with or without cause.

It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such changes in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature: _____ Date: _____

