



CITY OF CENTRAL CITY

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Web Address: www.centralcitycolorado.us

FOR OFFICE USE ONLY

EMPLOYMENT APPLICATION

Exact Job Classification Title for which you are applying:

How did you learn about this position?

Last Name First Name Middle Name Social Security No. (optional)

Mailing Address County Other Last Name(s) used

City State Zip Home Phone Business/Message

The Successful applicant may be tested or asked to take a physical examination from the City's designated physician, with reference to the job description, for the open position. The City will check your driving record to verify possession of a valid driver's license. The City of Central is an equal opportunity employer and does not discriminate against any person in recruitment, examination, appointment, training, promotion, retention or any other personnel action, because of political or religious opinions or affiliations or because of race, color, national origin, sex, age, disability or other non-merit factors. The City does give preference to Central City residents, and veterans when the applicants are otherwise equally qualified.

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES.
Branch of Service: Honorable discharge: Yes No
Period of duty From: To:

EMPLOYMENT HISTORY

Show all employment: Show present job first in block A. Show previous jobs, in date order, in blocks B - E.

Block A: Employed by, Address, City, State, Zip, Supervisor, Supervisor's Title, Employed From, To, Salary, Hr / Wk / Mo / Yr, Avg. hrs. worked per wk, Why did you leave? Your Job Title, Your Duties

Block B: Employed by, Address, City, State, Zip, Supervisor, Supervisor's Title, Employed From, To, Salary, Hr / Wk / Mo / Yr, Avg. hrs. worked per wk, Why did you leave? Your Job Title, Your Duties

Block C: Employed by, Address, City, State, Zip, Supervisor, Supervisor's Title, Employed From, To, Salary, Hr / Wk / Mo / Yr, Avg. hrs. worked per wk, Why did you leave? Your Job Title, Your Duties

D.

Employed by:	Your Job Title:
Address:	Your Duties:
City, State, Zip:	
Supervisor: Phone:	
Supervisor's Title:	
Employed From: (Mo/Yr) To: (Mo/Yr)	
Salary \$ Hr / Wk / Mo / Yr Avg. hrs. worked per wk	
Why did you leave?	

E.

Employed by:	Your Job Title:
Address:	Your Duties:
City, State, Zip:	
Supervisor: Phone:	
Supervisor's Title:	
Employed From: (Mo/Yr) To: (Mo/Yr)	
Salary \$ Hr / Wk / Mo / Yr Avg. hrs. worked per wk	
Why did you leave?	

SPECIAL DATA

Have you ever been employed by Central City?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Show Above
May we contact your employer NOW regarding your qualifications, character, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you been fired or asked to resign from any job during the past five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Show Above
Have you ever been found guilty of ANY law violations other than parking tickets or juvenile offenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Give Details Here

(Records do not cause automatic disqualification but are reviewed as related to the job applied for).

EDUCATION

GED Certificate:	Number:	Date:		Place Test Taken:					
High School (Name/Address)	From	To			Diploma Rec'd	Course Taken			
					<input type="checkbox"/> Yes <input type="checkbox"/> No				
Business/Trade (Name/Address)	Mo	Yr	Mo	Yr	<input type="checkbox"/> Full <input type="checkbox"/> Part Time	Total Hours	Certificate Rec'd	Course Taken	Hrs. Major
						qtr	<input type="checkbox"/> Yes <input type="checkbox"/> No		
						sem	Kind:		
College (Name/Address)	Mo	Yr	Mo	Yr	<input type="checkbox"/> Full <input type="checkbox"/> Part Time	Total Hours	Degree Rec'd	Major	Hrs. Major
						qtr	<input type="checkbox"/> Yes <input type="checkbox"/> No		Qtr
						sem	Kind:		Sem
College (Name/Address)	Mo	Yr	Mo	Yr	<input type="checkbox"/> Full <input type="checkbox"/> Part Time	Total Hours	Degree Rec'd	Major	Hrs. Major
						qtr	<input type="checkbox"/> Yes <input type="checkbox"/> No		qtr
						sem	Kind:		Sem
Other (Name/Address)	Mo	Yr	Mo	Yr	<input type="checkbox"/> Full <input type="checkbox"/> Part Time	Total Hours	Degree Rec'd	Major	Hrs. Major
						qtr	<input type="checkbox"/> Yes <input type="checkbox"/> No		qtr
						sem	Kind:		sem

LICENSE OR REGISTRATION	Kind	Issued by	Expiration Date	Number
Profession or Trade:				
Driver's License:				
Other:				

NOTICE:
The City of Central City may perform drug tests on all new hires. If you are the successful applicant and are required by law to maintain a Commercial Drivers License or are in a position the City has designed as Safety Sensitive, you will also be required to participate in a random drug and alcohol testing program.

AUTHORIZATION AND CERTIFICATE
I authorize you, at the time of my application for employment or during the course of employment, to obtain information from any source as to my education, experience, character, medical history, financial or credit record as it relates to the position for which I am being considered, or in which I may be employed, if I am the successful applicant. I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may remove my name from the eligible list or, if I have been appointed cause my dismissal from this position. I also agree that ALL statements made on this application may be investigated.

DATE: _____ SIGNATURE: _____