

TOWN OF STRATTON, COLORADO

Employment Application

We are an Equal Opportunity Employer

The Town of Stratton Promotes a Drug and Alcohol Free Workplace

- Print neatly in ink or type.
- Please use your full, legal name
- Resumes may be attached but will not be accepted in lieu of a completed application.
- Read all information/disclaimers on this application.
- Answer all questions completely and sign the application
- If you have any questions or need assistance, please contact Town of Stratton at (719)-348-5612.

Job Data	
Job Title Applying For:	Date you will be available for employment:

Personal Data			
Name: Last:		First:	Middle Initial:
Address:			
City:		State:	Zip:
Phone	Days:	Evenings:	Alternate:
E-mail:		Social Security #:	
All applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have the legal right to work in the U.S.? Please explain:			
Date of birth (if less than 18):			
Have you ever worked or volunteered for the Town of Stratton? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give dates:			
Have you been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details including dates, charges, and disposition. Convictions are not an absolute bar to employment. Consideration is given to the offense and its relationship to the position for which you are applying.			
Have you ever been discharged from a position or resigned to avoid being discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Please list other names you have used:			

Driver's License Information (if driving is an essential job duty)		
Driver's License No. & State:	Class:	Expiration:
Do you hold a Commercial Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please list the endorsements:	
Have you had any traffic convictions or accidents in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list:		
Conviction or Accident	Date	
Conviction or Accident	Date	

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Education *Note: Complete this application in its entirety; an incomplete application will not be accepted. Resumes may be attached but will not be accepted in lieu of a completed application.*

Did you graduate from high school or do you have a G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No		High School Name: Location:		
Name of School, College(s) or University	Major	Credit Hours	Degree	Year*

*Proof of degrees from an accredited College/University will be required upon hire.

Name of Trade/Technical/Business Or Other School(s) Attended	Course of Study	Diploma & Year

List license (date & number), professional registrations (date), certificates and professional memberships:

List honors, awards, fellowships:

Skills Overview

Approximate typing speed in words per minute:

List computer software with which you are familiar:

Fluent in a language other than English: <input type="checkbox"/> Yes <input type="checkbox"/> No	Language(s):	Speak:	Read:	Write:
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Please summarize relevant skills and experience that exemplify your qualifications for the above position:

Tools and machines you can use and operate:

Light or heavy motor vehicle equipment you can operate:

Summarize volunteer services work including dates:

Summarize leadership roles:

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Employment History <i>Note: Complete this application in its entirety; an incomplete application will not be accepted. Resumes may be attached but will not be accepted in lieu of a completed application.</i>			
Current or most recent employer:			Phone:
Address: (street, city, state)			
Your title:			
Employment dates	From (month/year):	To (month/year):	
Supervisor's name/title:			
Starting salary:	Present/Ending:	Hours per week:	
Work performed:			
Reason for leaving:			
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:			Phone:
Address: (street, city, state)			
Your title:			
Employment dates	From (month/year):	To (month/year):	
Supervisor's name/title:			
Starting salary:	Ending:	Hours per week:	
Work performed:			
Reason for leaving:			
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:			Phone:
Address: (street, city, state)			
Your title:			
Employment dates	From (month/year):	To (month/year):	
Supervisor's name/title:			
Starting salary:	Ending:	Hours per week:	
Work performed:			
Reason for leaving:			
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Military Service		
Have you ever served on active duty in the U.S. armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dates:	From:	To:
Branch:		
Primary duties:		

References (Please list 3 personal references (Please do not include relatives or former employers))		
Name	Phone	Years Known

Conditions of Consideration for Employment

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable-federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in, immediate termination of employment.

I have read and understand the "Conditions of Consideration for Employment." Please acknowledge by checking the box:

Yes No

Signature:	Date:
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(Resumes may be attached but will not be accepted in lieu of a completed application)