



Town of Palmer Lake
42 Valley Crescent
PO Box 208
Palmer Lake CO 80133
719-481-2953

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

{Please Print}

Position Applied For:		Date of Application	
Last Name:	First Name:	Middle Name:	
Address:	City:	State:	Zip Code:
Telephone:	Pager:	Cell phone:	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, give a date _____

May we contact your present employer? Yes
No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigrations Status?
Proof of citizenship or immigration status will be required upon employment Yes

No

Are you available to work: Full Time Part Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if necessary? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer:	Dates Employed		Worked Performed
		From	To	
	Address:			
	City:	State:	Zip:	
	Telephone #'s:			
	Reason for Leaving:			

2	Employer:	Dates Employed		Worked Performed
		From	To	
	Address:			
	City:	State:	Zip:	
	Telephone #'s:			
	Reason for Leaving:			

3	Employer:	Dates Employed		Worked Performed
		From	To	
	Address:			
	City:	State:	Zip:	
	Telephone #'s:			
	Reason for Leaving:			

4	Employer:	Dates Employed		Worked Performed
		From	To	
	Address:			
	City:	State:	Zip:	
	Telephone #'s:			
	Reason for Leaving:			

If you need additional space, please continue on a separate sheet of paper

<p>List professional, trade, business or civic activities and offices held. You may exclude membership which reveals gender, race, religion, national origin, age, ancestry, disabilities or other protected status:</p> <hr/> <hr/> <hr/>

Additional Information

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills:

Please list below any special skills you have or equipment you can operate proficiently that would help you in the position for which you are applying:

State any additional information you feel may be helpful to us in considering your application:

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING!!

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is available upon request.

Yes

No

References:

1. _____ ()
Name Phone #

Address City State Zip

2. _____ ()
Name Phone #

Address City State Zip

3. _____ ()
Name Phone #

Address City State Zip

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations 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 45 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 Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be hanged by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant

Date



FOR PERSONNEL DEPARTMENT USE ONLY

Applicant's Name: _____

Arrange Interview: Yes ___ No _
Remarks: _____

Interviewer Date _____
Employed Yes ___ No _ Date of Employment: _____
Job Title: _____ Hourly Rate/Salary: _____ Dept. _____
By: _____
Name & Title
Date

Notes: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position (s) Applied for is Open: Yes ___ No _____
Position (s) Considered For: _____

Date

