



**345 Market Street
Meeker, CO 81641
970-878-5344
Fax 970-878-4513
townofmeeker.org**

EMPLOYMENT APPLICATION

GENERAL INSTRUCTIONS:

1. PRINT or TYPE all information so that it is legible.
2. Please read "APPLICANT NOTE".
3. If you need help filling out this application form, or for any phase of the employment process, please notify Town Hall and every effort will be made to accommodate your needs in a reasonable amount of time.
4. If an item does not apply to you, or you have no information to furnish, print the letters N/A, meaning NOT APPLICABLE.
5. If space is insufficient, use the APPLICATION COMMENTS Section and follow the same format as it pertains to the item contained in this application.
6. All applicants shall be required to provide to the Town information to verify authorization to work in the United States pursuant to the Immigration Reform and Control Act of 1986.
7. This application is not complete until you read, sign, and date the CERTIFICATION block on the LAST PAGE of this application.

APPLICATION NOTE: Resumes may be submitted IN ADDITION to this application if so desired. This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on Town policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the Town.

PERSONAL DATA

Position(s) desired: _____

Salary desired: _____ Date of Application: _____

Full Name: _____

Last

First

Middle

Mailing Address: _____

Physical Address: _____

Date of Birth: _____ Home Phone _____ Message Phone _____

Date Available for Work _____

Have you used any other names? If so, please list.

Driver's License No. _____ State _____ Expiration Date _____

ADDRESS

Present: _____

Former: _____

Former: _____
Street City State Zip Code How Long?

List states and counties of residence for the past seven years. _____

REFERENCES: INCLUDE ONLY INDIVIDUALS FAMILIAR WITH YOUR WORK ABILITY. DO NOT INCLUDE RELATIVES

1. _____

2. _____

3. _____

NAME ADDRESS/TELEPHONE YEARS KNOWN/RELATIONSHIP

EMERGENCY CONTACT

1. _____

2. _____

Name Address Telephone

PLEASE ANSWER ALL QUESTIONS. USE BACK OF PAGE IF AN EXPLANATION IS NECESSARY.

1. Are you a United States citizen? If NO, explain:

2. Have you ever been in the U.S. Military Service? If NO, what is your selective service classification, if any:

If Yes, what branch _____ Date: From _____ To _____

Present status _____ Rank at discharge _____

Type of discharge _____

Existing Reserve or National Guard obligation and duration:

Do you have a service disability? _____ If YES, explain: _____

3. Do you have relatives presently working for the Town? If YES, please give their names and indicate their relationship.

4. Not all positions in the Town involve work hours from 8 to 5, Monday thru Friday. Do you wish to be considered for a job that involves any other type of work schedule?

5. May we contact your present employer concerning your character, qualifications, etc?

6. Do you have or have you been diagnosed as having any illness or injury for which you are now seeking treatment? If yes, please describe:

7. Have you been convicted of a crime, or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court?

PREVIOUS EMPLOYER

Company Name	City	State	Telephone Number
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Dates Employed
From _____ To _____

Job Title	Supervisor Name
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Duties

Salary	Hour, Week, Month	Reason for leaving
--------	-------------------	--------------------

PREVIOUS EMPLOYER

Company Name	City	State	Telephone Number
--------------	------	-------	------------------

Dates employed
From _____ To _____

Job Title	Supervisor Name
-----------	-----------------

Duties

Salary	Hour, Week, Month	Reason for leaving
--------	-------------------	--------------------

EDUCATION: Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

Name	City/State	Graduate
High School		
College		
Other		

OTHER EXPERIENCE: List any significant voluntary, military, or other relevant experience that you feel further qualifies you for the position(s) for which you are applying.

OTHER EDUCATION OR TRAINING: List any other education and/or training that would be of further assistance in evaluating your qualifications (including military, business, trade, or vocational). For each, give the name of school, dates attended, hours and certificate achieved and name of the course of study.

SPECIAL SKILLS OR QUALIFICATION: Typing _____wpm, Shorthand _____wpm
List any machines you can operate, any special licenses or certificates you possess and indicate the issuing authority, date of issue and expiration in addition to any special skills you possess.

COMMENTS:

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one (1) of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the Town of Meeker and/or its agents, including consumer reporting bureaus, to verify any of this information, to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

AFFIRMATION AND AUTHORIZATION:

I hereby affirm that the information on this form is true and correct, and that there are not omissions. I authorize any physician, medial facility, law enforcement agency, administrator, state agency, institution, information service bureau, insurance company or employer contacted by the Town of Meeker or an agent of the Town to furnish or verify workers compensation information and medical records.

I further acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

Signature

Date

FOR EMPLOYER USE ONLY

VERIFICATION _____

O:/Forms/Employment Application
February 2008