

**High School** 

## Box 397 Telluride, CO 81435 (970) 728 2151 FAX (970) 728 3078

## APPLICATION FOR EMPLOYMENT

| Date            |  |                       | Position                    |                               |                               |                  |           |
|-----------------|--|-----------------------|-----------------------------|-------------------------------|-------------------------------|------------------|-----------|
| Name            |  | E-Mail                |                             |                               |                               |                  |           |
| Address(ma      | ailing)  |                       |                             |                               |                               |                  |           |
|                 | eet)   |                       |                             |                               |                               |                  |           |
|                 | e (home)<br>tte available to begin er<br>EMPLOYM | mployme               | nt                          | ·<br>                         |                               | _                |           |
| Employer        |  | Address               |                             |                               | Telephone                     |                  |           |
| Job Title and I | Major Duties                                     |                       |                             |                               |                               | Supervis         | sor       |
| Date            | to   | Reason for separation |                             |                               | May we contact this employer? |                  |           |
| Employer Addr   |  |                       | dress                       |                               |                               | Telephone        |           |
| Job Title and I | Major Duties                                     |                       |                             |                               |                               | Supervis         | oor       |
| Date            | to Reason for separation                         |                       |                             | May we contact this employer? |                               |                  |           |
| If you have     | e additional employmo                            | _                     | ience related to<br>UCATION | o this position,              | list                          | on separa        | te sheet. |
|                 | Name/Location                                    |                       | Course of<br>Study          | No. Years<br>Completed        |                               | d you<br>aduate? | Degree    |

| College                     |   |                   |                   |               |           |
|-----------------------------|---|-------------------|-------------------|---------------|-----------|
| Graduate or<br>Professional |   |                   |                   |               |           |
| Trade/Other                 |   |                   |                   |               |           |
| List composition            | ertifications, training, ski                              | lls, and abil     | lities app        | licable to    | this      |
|                             |   |                   |                   |               |           |
|                             | ously employed by the Town, o<br>and approximate date(s): | r an applicant f  |                   |               |           |
| • Indicate                  | any relatives currently working                           | g for the Town    |                   |               |           |
| •                           | re a veteran, list branch and dat                         |                   |                   |               |           |
| • If you h                  | ave ever been convicted of a fel                          | ony, specify da   | te and circumst   | ances:        |           |
| •                           |   | , , ,             |                   |               |           |
|                             |   |                   |                   |               |           |
|                             |   |                   |                   |               |           |
| IF THIS PC                  | SITION WILL REQUIRE DRI                                   | IVING A VEHI      | ICLE, complete    | the following | <u>r:</u> |
|                             | cense TypeState _   |                   | 1                 |               | ,         |
|                             | er is yes to any of the following                         |                   |                   | _             |           |
|                             | is yes to unly of the following                           | questions, spec   | my the date and   | Circumstante  | es below. |
| • Have yo                   | ou ever been denied a license to                          | operate a moto    | or vehicle?       |               |           |
| Has you                     | r license ever been suspended                             | or revoked?       |                   |               |           |
| • Have yo                   | ou been convicted of a DUI or D                           | WAI within the    | e last 10 years?  |               |           |
|                             | ou had more than two moving v                             | violations within | n the last 5 year | rs?           |           |
| • Have yo                   | ou ever had an accident while d                           | riving an emplo   | oyer's vehicle?   |               |           |
| • Have yo                   | ou ever been convicted of leavir                          | ng the scene of a | an accident?      |               |           |
|                             |   |                   |                   |               |           |
|                             |   |                   |                   |               |           |
|                             |   |                   |                   |               |           |
|                             |   |                   |                   |               |           |

## **REFERENCES** (do not include employers or relatives)

| Name | Years Acquainted | Occupation | Telephone (day) |
|------|------------------|------------|-----------------|
|      |                  |            |                 |
|      |                  |            |                 |

Proof of citizenship or eligibility to work will be required upon hire. Job offers for certain safety-related positions -- heavy equipment operator, bus driver, commissioned law enforcement officer -- are conditional on drug testing.

| I certify that all statements cont | ained herein are true and complete.   | I authorize investigation of all   |
|------------------------------------|---------------------------------------|------------------------------------|
| statements made in this employr    | ment application and the obtainment   | of all other information deemed    |
| necessary in this matter, and rele | ase all persons and entities from any | and all liability in responding to |
| such inquiries. A photocopy of     | f this release may be used for the    | se purposes. I understand that     |
| misrepresentation or omission m    | ay be cause for non employment or te  | ermination after hire.             |
|                                    |                                       |                                    |
|                                    |                                       |                                    |
| Signature                          | Date                                  |                                    |

The Town of Telluride is an Equal Opportunity Employer