



# CITY OF IDAHO SPRINGS

**An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

## **General Instructions**

1. If an item doesn't apply to you write "N/A".
2. A completed application is required.
3. Any misstatements, misrepresentations or omissions by you is cause for disqualification from employment considerations.
4. All information is subject to verification.

POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Message Phone: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Alias(es), Nicknames, Maiden Name: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

**The following documentation is required with this application:**

**COPY OF VALID COLORADO DRIVERS LICENSE**

**OFFICIAL COLLEGE TRANSCRIPTS (IF APPLICABLE)**

**COPY OF SPECIAL LICENSE/CERTIFICATE (IF APPLICABLE)**

1. Do you have any relatives / friends that are employed by the City of Idaho Springs?

Who? Relationship to you: \_\_\_\_\_

2. Have you ever applied for any position with the City of Idaho Springs?

Positions/Dates: \_\_\_\_\_

3. Have you ever been convicted of a felony or misdemeanor? Provide details on separate sheet, if applicable.

4. Do you have a valid Colorado drivers license? Drivers License # \_\_\_\_\_

5. Have you had your drivers license suspended or revoked? \_\_\_\_\_

6. Are you able to perform the essential functions of the position for which you have applied? \_\_\_\_\_

7. If required, are you willing to work shift work including weekends, holidays and overtime? \_\_\_\_\_

8. If required, do you consent to the following: Polygraph, Background Investigation, Drug Test, Physical Examination and Psychological Examination? \_\_\_\_\_

9. Are you presently an applicant or on an eligibility list for any other employer? If yes, please list.

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

10. Have you ever been fired from a job or asked to resign? Reason: \_\_\_\_\_

11. How many days of work have you missed during the past year? (Exclude absences due to disability or those covered by FMLA) \_\_\_\_\_

**EDUCATION**

Circle Highest Grade Completed:  GED  7 8 9 10 11 12 High School  13 14 15 16 Undergraduate  17 18 Graduate

LIST ALL HIGH SCHOOLS ATTENDED (If GED give number, location and date):

High School Attended: \_\_\_\_\_ Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_

LIST THE LAST COLLEGE, UNIVERSITY OR BUSINESS/VOCATIONAL SCHOOL ATTENDED:

Name: \_\_\_\_\_ Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_

Credit Hours: \_\_\_\_\_ Type of Degree: \_\_\_\_\_

### SPECIAL SKILLS OR QUALIFICATIONS

Please place a check mark next to any skill that you possess.

- |   |  |
|---|--|
| <input type="checkbox"/> Typing/Keyboarding _____ wpm | <input type="checkbox"/> Word Processing                               |
| <input type="checkbox"/> PC Database                  | <input type="checkbox"/> Teletype/Computer Operator - What Type? _____ |
| <input type="checkbox"/> Heavy Equipment Operation    | <input type="checkbox"/> Mechanic - Diesel? Gasoline?                  |
| <input type="checkbox"/> Other: (list) _____          |  |

List relevant skills, foreign languages, training or college courses: \_\_\_\_\_

\_\_\_\_\_

COMMUNITY SERVICE: List all community-related activities in which you are involved.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3

### EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.  
Note: A job offer may be contingent upon acceptable references from current and former employers.

COMPLETE ALL INFORMATION REQUESTED; AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.

Present or Last Employer:	Employed From:	To:
Address:	Hours worked weekly:	
Name of Supervisor:	Phone:	
Duties:		
Co-worker (list one):		
Reason for leaving:		

Past Employer:	Employed From:	To:
Address:	Hours worked weekly:	
Name of Supervisor:	Phone:	
Duties:		
Co-worker (list one):		
Reason for leaving:		

Past Employer:	Employed From:	To:
Address:	Hours worked weekly:	
Name of Supervisor:	Phone:	
Duties:		
Co-worker (list one):		
Reason for leaving:		

<b>REFERENCES</b>
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List three people who know you well enough to provide current and past information about you.  
**Do not list relatives or former employers.**

1. Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Tell us why you are seeking employment with the City of Idaho Springs and why do you feel qualified for the position for which you are applying.

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## AFFIDAVIT

### PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request consent for disclosure of information from a designated investigative background reporting agency . This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I also understand that my employer will request authorization for release of information to third parties from the State of Colorado Department of Labor Division of Workers' Compensation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This application for employment will remain active for a limited time. Ask the City representative for details.