

EDUCATION HISTORY: This section must be accurate and complete. The application is used to determine if you meet the minimum job requirements as published in the job announcement.

High School Graduate: Yes No GED: Yes No

UNIVERSITY/COLLEGE (UNDERGRADUATE, GRADUATE, POST GRADUATE)

Name:		Location:		Attended From - To (Mo-Yr)	
Degree Awarded:		Date:	Major Field of Study:	Minor Field of Study:	

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Degree Awarded:		Date:	Major Field of Study:	Minor Field of Study:	

BUSINESS, TRADE, TECHNICAL, VOCATIONAL SCHOOL OR MILITARY TRAINING

Name:		Location:		Attended From - To (Mo-Yr)	
Title of Program or Subjects Taken:		Total Classroom Hours:	Certificate Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	

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Title of Program or Subjects Taken:		Total Classroom Hours:	Certificate Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	

LICENSES/CERTIFICATION/REGISTRATIONS: If a license/certificate/registration is required for the job for which you are applying, please complete the following. If you need additional space attach a separate sheet of paper using the same format.

Professional/Specialty License Type:	License Number (if applicable):
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Expiration Date:	State and/or Agency Granting License:
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EMPLOYMENT HISTORY: List your employment history of the position(s) held for the last 10 years. Start with the most recent job, including part-time, temporary, and volunteer jobs. If more than one position was held with a given organization, list each position as a separate period of employment. Under "Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities as they relate to the job for which you are applying. Be complete and specific in detailing of duties. Information must be accurate. If it is found that information provided is falsified, you will not be considered for a job with the City of Fort Lupton and/or may be removed from a job after hire.

Current or Last Employer:		Address:		Previous Names Used:	
Job Title:		Supervisor's Name:	Telephone Number:	No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary: \$ per	Ending or Current Salary: \$ per	Reason for Leaving:		May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)	Major Job Duties:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					

Previous Employer:		Address:		Previous Names Used:	
Job Title:		Supervisor's Name:	Telephone Number:	No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:		
Date Separated (mo/yr)	Major Job Duties:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					

Previous Employer:		Address:		Previous Names Used:	
Job Title:		Supervisor's Name:	Telephone Number:	No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:		
Date Separated (mo/yr)	Major Job Duties:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					

Previous Employer:		Address:		Previous Names Used:	
Job Title:		Supervisor's Name:	Telephone Number:	No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary: \$ _____ per	Ending Salary: \$ _____ per	Reason for Leaving:		
Date Separated (mo/yr)	Major Job Duties:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					

Previous Employer:		Address:		Previous Names Used:	
Job Title:		Supervisor's Name:	Telephone Number:	No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending Salary \$ _____ per	Reason for Leaving:		
Date Separated (mo/yr)	Major Job Duties:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					

SPECIALIZED SKILLS: Please list skills / equipment operated.	

OTHER QUALIFICATIONS: Please list any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills.	

Summarize special job-related skills and qualification:			
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Spreadsheet Software _____	<input type="checkbox"/> POST Certified	<input type="checkbox"/> _____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word Processing Software _____	<input type="checkbox"/> Commercial Driver License (CDL)	<input type="checkbox"/> _____
WPM _____	<input type="checkbox"/> Database Software _____	<input type="checkbox"/> CPR	<input type="checkbox"/> _____
<input type="checkbox"/> PowerPoint	<input type="checkbox"/> First Aid	<input type="checkbox"/> _____	<input type="checkbox"/> _____

REFERENCES: List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the job for which you are applying. Do not repeat names of supervisors listed under work history. They may be contacted as well.

Name:	Business/Occupation:	Relationship:
Address (Street, City, State, Zip Code):		Phone:
Name:	Business/Occupation:	Relationship:
Address (Street, City, State, Zip Code):		Phone:
Name:	Business/Occupation:	Relationship:
Address (Street, City, State, Zip Code):		Phone:

CERTIFICATION: I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

Signature:	Date:
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FOR AGENCY USE ONLY

Application Received:	Application Entered:
Application Reviewed: Accepted Rejected Conditional Accept	
Reason for reject/conditional accept:	
Second Review of Application:	Agree Disagree



CITY OF FORT LUPTON APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of the City of Fort Lupton to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. As an affirmative4 action employer under E.O. 11246 we invite all applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

Job Title as Announced:				
Name: Last Name	First Name	Middle Name	Suffix	Social Security Number:
How did you learn about us?	<input type="checkbox"/> Newspaper - Please Specify _____ <input type="checkbox"/> City of Fort Lupton Website <input type="checkbox"/> Channel 16 <input type="checkbox"/> Posting at City Hall	<input type="checkbox"/> Posting at the Community Center <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____		

I elect not to identify. <input type="checkbox"/>
Ethnicity/Race: Check only one. <input type="checkbox"/> 1 – African American, Non-Hispanic <input type="checkbox"/> 2 – American Indian or Alaska Native <input type="checkbox"/> 3 – Asian <input type="checkbox"/> 4 – Native Hawaiian or Pacific Islander <input type="checkbox"/> 5 – White
Ethnicity: Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Signature:	Today's Date:
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