

What machines or equipment can you operate that is relevant to the position for which you are applying? _____

Describe your computer experience and skills that are relevant to the position for which you are applying. _____

For Driving Jobs Only:

Do you hold a valid driver's license? Yes No If you have a Commercial Driver's License, what type? _____

For Commissioned Officer Positions Only:

Are you P.O.S.T. Certified? Yes No P.O.S.T. Academy attended: _____

WORK HISTORY:

Start with your present position and work backwards through your experiences. Please include military service and, if you wish, volunteer work for the last 5 years or last 7 positions. This section must be filled in **completely**. Attach additional sheets, if necessary. Your present employer will not be contacted without your prior approval.

***This section must be completed in full whether a resume is included or not.
(DO NOT write "see resume".)***

Present or most recent employer: _____ Position Title: _____

Address: _____
Street City, State, Zip

RESPONSIBILITIES:

Telephone: _____ Type of Business: _____

Supervisor: _____

Employment Dates: (mo/yr) _____ to (mo/yr) _____

Full time _____ Part time _____ Volunteer _____

Salary: _____ per _____

REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT: _____

Present or most recent employer: _____

Position Title: _____

Address: _____
Street City, State, Zip

RESPONSIBILITIES:

Telephone: _____ Type of Business: _____

Supervisor: _____

Employment Dates: (mo/yr) _____ to (mo/yr) _____

Full time _____ Part time _____ Volunteer _____

Salary: _____ per _____

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Employment Dates: (mo/yr) _____ to (mo/yr) _____

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Telephone: _____ Type of Business: _____

Supervisor: _____

Employment Dates: (mo/yr) _____ to (mo/yr) _____

Full time _____ Part time _____ Volunteer _____

Salary: _____ per _____

REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT: _____

REFERENCES:

Include only individuals familiar with your work ability. **DO NOT** include relatives.

	Name	Relationship	Telephone
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

RECREATION CENTER APPLICANTS ONLY:

Days and hours available: (If hired, you are required to notify your supervisor should your availability change.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

AFFIDAVIT, CONSENT AND RELEASE:

I certify that the answers given by me to the questions, statements and work history in this application are true and correct without consequential omissions of any kind. I understand that any false information or omissions supplied by me will serve as grounds for disqualification for consideration for employment or discharge from employment.

I authorize the City of Fort Lupton to conduct a background investigation pertaining to my suitability for employment, which may include a criminal history. 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 agree to hold the City of Fort Lupton harmless and in no event will the City of Fort Lupton be liable to me for special, indirect, or consequential damages for the refusal of employment due to information obtained during my background check.

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 further 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 THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED 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 REASON AND WITH OR WITHOUT NOTICE.

I understand that if I have questions regarding any portion of the employment process, I may contact Human Resources for clarification. I further understand that a facsimile copy of this document shall be deemed as an original.

I have read, understand, and by my signature consent to these statements. (If application is submitted electronically, please type in your name. This will be considered as your agreement with the above statements. You will be asked to sign the application in person at the interview.)

Signature

Date

CITY OF FORT LUPTON USE ONLY:

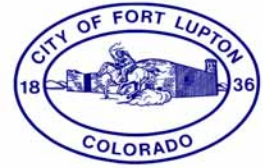
Application Entered: _____

Applicant Interviewed: Yes No

Interview comments: _____

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 affirmative action employer under E.O. 11246 we invite all applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY 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.

Name: _____ Date: _____
Last First Middle

Position applied for: _____

Gender:

- Male
- Female

Racial origin (You may mark one or more of the following):

- African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- White

Ethnicity:

- Hispanic or Latino

Date of Birth: _____

How did you hear of this position?

- City of Fort Lupton Website / Channel 16
- Newspaper (Please Specify) _____
- Friend/Relative
- Other Governmental Agency or Academy/School/College
- Job Service
- Other _____