



144 Main Ave  
PO Box 57  
Pierce, CO 80650  
Phone (970) 834-2851  
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An Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

### General

Position Applied For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Name (Last, First, MI) \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
(if different) Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Are you at least 18 years of age?  Yes  No When could you start work \_\_\_\_\_

Are you Employed Now?  Yes  No If So May We Inquire  
Of your Present Employer  Yes  No

Have you previously applied at the Town of Pierce  Yes  No If yes when? \_\_\_\_\_  
Date

Have you ever been convicted of any law violation?  Yes  No  
(Include any plea of "guilty" or "no contest." Exclude minor traffic violations)

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

**FOR DRIVING JOBS ONLY:**

Do you have a valid driver's license?  Yes  No License Number \_\_\_\_\_ State \_\_\_\_\_

Has your driver's license been suspended or revoked in the last 3 years?  Yes  No

If yes when? \_\_\_\_\_ Give Details \_\_\_\_\_

**Education**

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High School Graduate/GED  Yes  No If no, what is the highest grade completed? \_\_\_\_\_

Schools Attended: High School, College or Business, Trades, Technical Training

Name and Location Of School	Major/Minor Course of Study	Type Received Degree, Certificate or Diploma

**License/Certifications**

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Certificate/License	License/Certificate Number	Expiration Date

## Special Skills

Describe any specialized training, apprenticeship, skills, machine and equipment skills and/or special job-related skills and qualifications acquired from employment or other experience, including United States Military job-related training:			
<b>Software Application Skills</b>			
Indicate your level of expertise			
	<b>Beginner</b>	<b>Intermediate</b>	<b>Expert</b>
Computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10-Key Touch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Windows	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outlook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Word	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Work History

List jobs starting with current or most recent employer.

<b>Your Job Title</b>	<b>From : (mm/yy)</b>	<b>To: (mm/yy)</b>	<b>Starting Pay</b>	<b>Ending Pay</b>
<b>Company:</b>	<b>Address: (City &amp; State)</b>		<b>Phone Number:</b>	
<b>Supervisor's Name &amp; Title:</b>	<b>Phone Number:</b>		<b>May We Contact?</b>	
			<b>Yes</b>	<b>No</b>
<b>Reason For Leaving;</b>				
<b>Duties:</b>				

Your Job Title	From : (mm/yy)	To: (mm/yy)	Starting Pay	Ending Pay
Company:	Address: (City & State)		Phone Number:	
Supervisor's Name & Title:	Phone Number:		May We Contact?	
Reason For Leaving;				
Duties:				

Your Job Title	From : (mm/yy)	To: (mm/yy)	Starting Pay	Ending Pay
Company:	Address: (City & State)		Phone Number:	
Supervisor's Name & Title:	Phone Number:		May We Contact?	
Reason For Leaving;				
Duties:				

**References**

(list 3 persons not related to you, whom you have known at least one year)

	Name	Address	Phone Number	Years Acquainted
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I certify that the facts contained in this application are true and complete to the vest of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you and all information concerning my previous employment and any pertinent information they may have. Personal or otherwise, and release all parties from all liability for any damage that may result from furnishing names to you.

“I understand and agree that, if hired my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.”

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Signature

date

**For Office use only**

Interviewed by:		Date:	
Hired: <input type="radio"/> Yes <input type="radio"/> No	Position:	Dept.	
Salary/Wage:	Date Reporting to work:		