



EMPLOYMENT APPLICATION

Town of Pierce
144 Main
P.O. Box 57
Pierce, CO 80650

Position Applied for: _____ Date: _____

Applicant Name (Last, First, MI): _____

Present address: (Number/Street) _____ (City) _____ (State) _____ (Zip) _____

Mailing address: (if different) _____ (City) _____ (State) _____ (Zip) _____

Phone: (home) _____ (cell) _____

Have you ever been convicted of a crime? (Include any plea of "guilty" or "no contest". Exclude minor traffic violations.
Yes ___ No ___ If yes, please explain _____

Are you eligible to work in the U.S.? Yes ___ No ___ Are you at least 18 years of age? Yes ___ No ___

Have you previously applied with the Town of Pierce? Yes ___ No ___ If yes, when? Date: _____

MOTOR VEHICLE OPERATION

Do you have a valid Driver's License? Yes ___ No ___ License Number: _____ State: _____

Has your driver's license been suspended or revoked within the last 36 months? Yes ___ No ___

If yes, when: _____ Give details: _____

MILITARY SERVICE Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Are you currently serving in the Armed Forces? ___ Yes ___ No

EDUCATION/CERTIFICATIONS

List High School, College, Business, Trade or Technical schools attended

Table with 4 columns: School Name, City/State, Years Attended, GED/Diploma/Degree/Certificate

EDUCATION/CERTIFICATIONS, cont'd.

Other knowledge, skills & abilities relevant to position for which you are applying (i.e: certifications, apprenticeships, correspondence courses, software, office/other equipment, languages or other training not shown above):

EMPLOYMENT HISTORY

List past three (3) employers starting with current or most recent employer:

| | | |
|--------------|---------------------|------------------------------------|
| Employer: | Position: | Duties: |
| Address: | Start Date: | Supervisor: |
| City: State: | End Date: | May we contact? Yes _____ No _____ |
| Phone: | Reason for Leaving: | |

| | | |
|--------------|---------------------|------------------------------------|
| Employer: | Position: | Duties: |
| Address: | Start Date: | Supervisor: |
| City: State: | End Date: | May we contact? Yes _____ No _____ |
| Phone: | Reason for Leaving: | |

| | | |
|--------------|---------------------|------------------------------------|
| Employer: | Position: | Duties: |
| Address: | Start Date: | Supervisor: |
| City: State: | End Date: | May we contact? Yes _____ No _____ |
| Phone: | Reason for Leaving: | |

PERSONAL & PROFESSIONAL REFERENCES

List three (3) personal or professional references:

| | | | |
|---------------|--------------|-------------|------------------|
| Name: | Address: | Day Phone: | Years Acquainted |
| Relationship: | City: State: | Eve. Phone: | _____ |
| Name: | Address: | Day Phone: | Years Acquainted |
| Relationship: | City: State: | Eve. Phone: | _____ |
| Name: | Address: | Day Phone: | Years Acquainted |
| Relationship: | City: State: | Eve. Phone: | _____ |

Any relatives currently employed by the Town of Pierce? Yes _____ No _____

AFFIDAVIT, CONSENT AND RELEASE PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that my answers are true and complete to the best of my knowledge and that intentional misrepresentations or omissions may be cause for the rejection of my application and that if hired I may be released from employment.

I understand that the Town of Pierce will require me to successfully complete a pre-employment drug and alcohol test as a condition of employment and that continued employment may be based on the successful completion of similar tests.

I understand that employment with the Town of Pierce is “at will” and nothing in the interview or hiring process, this application, or the Town of Pierce policies are intended to create an employment contract between myself and the Town. Employment may be terminated by either party at any time, for any reason, with or without notice.

The Town of Pierce is an Equal Opportunity Employer. Applicants are considered for positions for which they have applied without regard to race, color, religion, sex, age, sexual orientation, genetic information, national origin, disability, military status, or any other legally protected status.

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

Signature of Applicant: _____ Date: _____

The information you provide in this employment application will be used in completing a background investigation and in determining your suitability for the position for which you are applying. Completion of the entire Employment Application is mandatory - please do not list “see resume”. All applications must be received by the end of the business day on the closing date of the posting. Completed applications will not be returned.

Submitting applications:

In person: Town of Pierce, 144 Main, Pierce, CO, 80650.

Mailed: Town of Pierce, attn: Town Clerk, P.O. Box 57, Pierce CO 80650

Email: kduran@townofpierce.org