



EMPLOYMENT APPLICATION

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

An Equal Opportunity Employer

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

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

Present address: (Number/Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Mailing address: (if different) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

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):

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**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:	

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Address:	Start Date:	Supervisor:
City: State:	End Date:	May we contact? Yes _____ No _____
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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: \_\_\_\_\_