

**TOWN OF CHEYENNE WELLS
EMPLOYEE SERVICES DIVISION
APPLICATION FOR EMPLOYMENT**

151 South 1st. P.O. Box 125

Cheyenne Wells, Colorado 80810
Website: www.townofcheyennewells.com

(719) 767-5865
(719) 767-5069 Fax

**THE TOWN OF CHEYENNE WELLS IS AN EQUAL OPPORTUNITY EMPLOYER
PLEASE COMPLETE ALL PORTIONS OF THIS APPLICATION**

POSITION APPLYING FOR:		DATE:	REQUESTED SALARY
PERSONAL INFORMATION		BIRTHDATE (OPTIONAL)	
FULL NAME:			
FULL PHYSICAL AND MAILING ADDRESS:			
HOME PH.	WORK PH.	EMAIL	
WHICH OF THE FOLLOWING WOULD YOU ACCEPT <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL			
All employment offers are based upon applicant's ability to provide satisfactory "proof of identity" and legal rights to work in the United States.			
EDUCATIONAL/KNOWLEDGE/SKILLS			
Type of School	School location dates attended	Graduation Degrees	Major/Minor
High School or GED			
Undergraduate Studies			
Other			
ALL APPLICANTS APPLYING FOR POSITIONS WHICH REQUIRE ADVANCED EDUCATION DEGREES OR COURSEWORK, SPECIAL LICENSE, AND REGISTRATIONS MAY BE REQUIRED TO PROVIDE APPROPRIATE DOCUMENTATION.			
SPECIAL SKILLS/PROFESSIONAL LICENSES/CERTIFICATIONS/ VOLUNTEER WORK OR INTERNSHIP			
INDICATE EXPERIENCE, TRAINING, OR SKILLS IN WORKING WITH MICROSOFT OFFICE OR OTHER COMPUTER SOFTWARE/HARDWARE.			

LIST YOUR MOST RECENT JOBS. YOU MAY ADD DOCUMENTS THAT RELATE TO YOUR QUALIFICATIONS.

TITLE OF YOUR PRESENT OR MOST RECENT POSITION		EMPLOYER	
ATTENDED FROM-TO (MO. & YR.)	DUTIES PERFORMED		
MOST RECENT SALARY			
# OF EMPLOYEES YOU SUPERVISED			
SUPERVISOR'S NAME			
SUPERVISOR'S PHONE NUMBER			
MAY WE CONTACT YOUR EMPLOYER FOR REFERENCE () YES () NO			PHONE #
TITLE OF YOUR PRESENT OR MOST RECENT POSITION		EMPLOYER	
ATTENDED FROM-TO (MO. & YR.)	DUTIES PERFORMED		
MOST RECENT SALARY			
# OF EMPLOYEES YOU SUPERVISED			
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MOST RECENT SALARY			
# OF EMPLOYEES YOU SUPERVISED			
SUPERVISOR'S NAME			
SUPERVISOR'S PHONE NUMBER			
MAY WE CONTACT YOUR EMPLOYER FOR REFERENCE () YES () NO			PHONE #

RELEVANT MEMBERSHIP IN A PROFESSIONAL OR TECHNICAL ASSOCIATION

I certify that all statements made are true and that any misstatements of facts may be subject to disqualification or dismissal.

Date: _____ Signature: _____