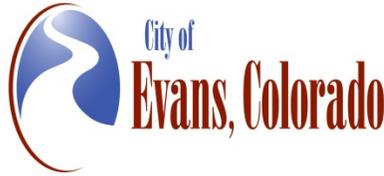


CITY OF EVANS APPLICATION FOR EMPLOYMENT

Human Resources
1100 37th Street
Evans, CO 80620



www.evanscolorado.gov
Human Resources
Phone: (970) 475-1161
Fax: (970) 330-3472

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

PERSONAL DATA

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for:	Date:
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Are you seeking: Full-time Part-time Temporary employment? When could you start work? _____

Last Name:	First Name:	Middle Name:	E-Mail Address:
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Home Phone	Cell Phone:	Business Phone:
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Present Street Address:	City:	State:	Zip Code:
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Are you 18 years of age or older? Yes No
(If you are hired, you may be required to submit proof of age)

Social Security # (optional) _____ If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." (exclude minor traffic violations) Yes No
If yes, give details: _____
(a conviction will not necessarily disqualify an applicant for employment)

If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes No
If yes, give details: _____

Do you have a valid driver's license? Yes No
Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No
If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status) _____

EDUCATION AND TRAINING

High School or GED: Yes No

Name/Location of High School: _____

1. College/University & location _____ Did you graduate? Yes No

If yes, Major and type of Degree earned _____

2. College/University & location _____ Did you graduate? Yes No

If yes, Major and type of Degree earned _____

Vocational or Technical: _____

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

What skills or additional training do you have that relate to the job for which you are applying?

What machines or equipment can you operate that relate to the job for which are you applying?

REFERENCES

Give three references, not relatives or former employers, having knowledge of your character, experience or ability.

Name:	Address:	Phone Number:	Relationship:
Name:	Address:	Phone Number:	Relationship:
Name:	Address:	Phone Number:	Relationship:

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. 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 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 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 have read, understand and by my signature consent to these statements.

Signature _____ Print _____ Date _____