

APPLICATION FOR EMPLOYMENT

Town of Snowmass Village
P O Box 5010
Snowmass Village, Colorado 81615
(970) 923-3777

Date of Application

Applicant's Name First Middle Initial Last

STATEMENT OF POLICY: Employment with the Town of Snowmass Village is based on individual merit. Employment opportunities are open to all without regard to religion, race, color, national origin, age, sex, veteran status or disability.

TO ALL APPLICANTS:

THE CAREFUL AND THOUGHTFUL COMPLETION OF THIS APPLICATION IS AN IMPORTANT STEP IN OUR CONSIDERATION OF INDIVIDUALS FOR EMPLOYMENT. THEREFORE, YOU MUST COMPLETE THE ENTIRE APPLICATION FULLY AND HONESTLY. IF YOU DO NOT, YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT. IT IS UNDERSTOOD THAT FALSE STATEMENTS ON THIS APPLICATION MAY, AT ANY TIME DURING YOUR EMPLOYMENT IF YOU ARE EMPLOYED, RESULT IN YOUR TERMINATION. YOUR APPLICATION MUST SPECIFY THE POSITION FOR WHICH YOU ARE APPLYING. PLEASE PRINT IN INK AND USE YOUR OWN HANDWRITING. IF YOU NEED ADDITIONAL SPACE FOR ANY OF YOUR ANSWERS, PLEASE USE THE BACKS OF THE PAGES OF THIS APPLICATION AND INDICATE IN THE SPACE PROVIDED FOR YOUR ANSWER THAT IT IS CONTINUED ON THE BACK OF THE PAGE.

THANK YOU.

MAILING ADDRESS Street City State Zip

TELEPHONE # (Day) (Evening)

IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE GIVE YOUR DATE OF BIRTH

POSITION FOR WHICH YOU ARE APPLYING

POSITION (USE SPECIFIC TITLE)

DATE AVAILABLE TO BEGIN WORK

FULL TIME FULL TIME SEASONAL PART TIME SEASONAL

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THE TOWN OF SNOWMASS VILLAGE BEFORE? IF SO, WHEN?

IF SO, IN WHAT POSITION(S)? FORMER EMPLOYERS

List your last four employers below, starting with the current or most recent one.

1. NAME AND ADDRESS

TELEPHONE POSITION STARTING SALARY ENDING SALARY DESCRIPTION OF DUTIES

SUPERVISOR'S NAME DATES: FROM TO: REASONS FOR LEAVING

2. NAME AND ADDRESS

TELEPHONE POSITION

STARTING SALARY _____ ENDING SALARY _____
DESCRIPTION OF DUTIES _____

SUPERVISOR'S NAME _____

DATES: FROM _____ TO: _____

REASONS FOR LEAVING _____

3. NAME AND ADDRESS

TELEPHONE _____ POSITION _____

STARTING SALARY _____ ENDING SALARY _____

DESCRIPTION OF DUTIES _____

SUPERVISOR'S NAME _____

DATES: FROM _____ TO: _____

REASONS FOR LEAVING _____

4. NAME AND ADDRESS

TELEPHONE _____ POSITION _____

STARTING SALARY _____ ENDING SALARY _____

DESCRIPTION OF DUTIES _____

SUPERVISOR'S NAME _____

DATES: FROM _____ TO: _____

REASONS FOR LEAVING _____

IF APPLICABLE, EXPLAIN WHEN AND WHY YOU WERE UNEMPLOYED FOR ANY PERIODS IN EXCESS OF ONE MONTH FROM THE TIME YOU COMMENCED JOB 4 TO THE PRESENT.

IF PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER PRIOR TO COMPLETION OF THE HIRING PROCESS? YES _____ NO _____

WORK EXPERIENCE

Respond only to the specific inquiries below that are relevant to the position for which you are applying. Feel free to supplement your answers with a resume and/or other pertinent documents.

TYPING SPEED _____ WPM

TYPEWRITER/WORDPROCESSING EQUIPMENT WITH WHICH YOU ARE FAMILIAR _____

OFFICE EQUIPMENT WITH WHICH YOU ARE FAMILIAR _____

DESCRIBE NATURE AND EXTENT OF BOOKKEEPING/ACCOUNTING EXPERIENCE _____

DESCRIBE NATURE AND EXTENT OF MANAGEMENT EXPERIENCE _____

DESCRIBE NATURE AND EXTENT OF MECHANICAL, ELECTRICAL AND OTHER RELEVANT CONSTRUCTION/MAINTENANCE EXPERIENCE _____

CONSTRUCTION/MAINTENANCE TOOLS AND EQUIPMENT WITH WHICH YOU ARE FAMILIAR _____

FORKLIFT/TRACTOR AND OTHER HEAVY EQUIPMENT WHICH YOU HAVE HAD EXPERIENCE OPERATING

DESCRIBE ANY OTHER SKILLS OR EXPERIENCE YOU HAVE WHICH YOU FEEL IS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING

EDUCATION:

HIGH SCHOOL

NAME AND LOCATION

FROM/TO _____ GPA

DATE GRADUATED _____

COLLEGE

NAME AND LOCATION

FROM/TO _____ GPA

DATE GRADUATED & DEGREE _____

MAJOR AND/OR AREAS OF SPECIALIZATION

GRADUATE

NAME AND LOCATION

FROM/TO _____ GPA

DATE GRADUATED & DEGREE _____

MAJOR AND/OR AREAS OF SPECIALIZATION

OTHER

NAME AND LOCATION

FROM/TO _____ GPA

DATE GRADUATED & DEGREE _____

MAJOR AND/OR AREAS OF SPECIALIZATION

OTHER FORMAL EDUCATION, TRADE SCHOOL, TRAINING, ETC., WHICH YOU FEEL IS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING

LIST ANY LICENSES, CERTIFICATIONS, AWARDS, ETC., WHICH RELATE TO YOUR SKILL AND ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING

DO YOU PLAN TO RETURN TO SCHOOL? YES NO

IF SO, WHEN?

PERSONAL REFERENCES

Supply the names of individuals who can give the Town information regarding your character, abilities and experience.

1 NAME & ADDRESS

TELEPHONE _____ YEARS ACQUAINTED

OCCUPATION

2 NAME & ADDRESS

TELEPHONE _____ YEARS ACQUAINTED

OCCUPATION _____

3 NAME & ADDRESS

TELEPHONE _____ YEARS ACQUAINTED

OCCUPATION _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME (OTHER THAN A MINOR TRAFFIC OFFENSE)? YES

NO

(NOTE: AN ANSWER OF "YES" DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT.)

IF SO, DESCRIBE

I certify that the information furnished on this application is true and correct. I understand and agree that any falsification, misrepresentation, misleading statements or omission of facts on either this application or during the pre-hire process will be sufficient reason for (1) my not being offered employment or (2) dismissal at any time from the service of the Town if employed. In addition, I authorize my former employers to provide to the Town of Snowmass Village any information regarding my employment, including and in addition to the information set forth in this application, and I release all parties from any liability for any damages which may result from furnishing information in connection with my application for employment. I agree to conform to all Town of Snowmass Village policies, rules and regulations if employed. I understand and agree that if employed by the Town of Snowmass Village my employment will be on an at-will basis, which means that I have the right to terminate my employment at any time, with or without cause and with or without advance notice, and the Town of Snowmass Village has the same right. I further understand and agree that no employee or representative of the Town of Snowmass Village, other than the Town Manager, has the power or authority to enter into any oral or written agreement for employment for any specified period of time, or to make any representations or agreements contrary to the foregoing, unless that representation is in writing and signed by the Town Manager.

Signature _____

Date _____

** IF THE POSITION FOR WHICH YOU ARE APPLYING WILL REQUIRE YOU TO DRIVE A MOTORIZED VEHICLE, YOU MUST ALSO FILL OUT THE ATTACHED FORM.

DRIVING EXPERIENCE AND INFORMATION

Complete this form only if the position for which you are applying will require you to drive a motorized vehicle.

DRIVER'S LICENSE # _____ STATE

DESCRIBE NATURE AND EXTENT OF DRIVING EXPERIENCE

LIST ALL TRAFFIC VIOLATIONS, TICKETS AND CITATIONS BELOW AND DESCRIBE DETAILS

LIST AND DESCRIBE ALL TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED OVER THE PAST FIVE YEARS

CDL ONLY: Have you ever had a positive pre-employment drug or alcohol test? **YES** **NO**

Signature

Date
