



CITY OF FLORENCE
600 W 3rd St, Florence
Colorado, 81226
(719) 784-4848 Fax: (719) 784-0228

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

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

GENERAL

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 _____ Today's Date _____

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

 Last Name First Name Middle Name Telephone Number

 Present Street Address City State Zip Code

 Email Address

Are you 18 years of age or older? Yes No
 (If you are hired, you may be required to submit proof of age.)

If hired, you will be required to furnish proof of your eligibility to work in the U.S.

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

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

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

If yes, give details _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No

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, genetic information or other protected status.) _____

EDUCATION

LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			

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 you are applying? _____

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List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS			
CITY, STATE, ZIP CODE		DATES OF EMPLOYMENT (MO/YR): FROM _____ TO _____	
SUPERVISOR(S)	TELEPHONE	Reason For Leaving	
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS			
CITY, STATE, ZIP CODE		DATES OF EMPLOYMENT (MO/YR): FROM _____ TO _____	
SUPERVISOR(S)	TELEPHONE	Reason For Leaving	
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS			
CITY, STATE, ZIP CODE		DATES OF EMPLOYMENT (MO/YR): FROM _____ TO _____	
SUPERVISOR(S)	TELEPHONE	Reason For Leaving	
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
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CITY, STATE, ZIP CODE		DATES OF EMPLOYMENT (MO/YR): FROM _____ TO _____	
SUPERVISOR(S)	TELEPHONE	Reason For Leaving	

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Have you worked or attended school under any other names? Yes No
 If yes, give names: _____

Are you presently employed? Yes No
 If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No
 If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

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. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. 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: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization's representative for details.



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CITY OF FLORENCE AUTHORIZATION FOR PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING

NAME: _____

ADDRESS:

I, _____, understand that the City of Florence requires pre-employment drug and alcohol testing of all employees and agree to submit to drug and alcohol testing as a condition of employment.

Signature: _____

Date: _____

IF PERSON IS UNDER 18 YEARS OLD, PARENT SIGNATURE AND DATE:

By my signature below, I acknowledge that I am the parent of the above-named person as the term parent is defined in C.R.S. 13-22-107(2)(b), .and I hereby authorize the City of Florence to conduct drug and alcohol testing as a condition of employment.

Parent Name Print: _____

Parent Signature: _____

Date: _____



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CITY OF FLORENCE AUTHORIZATION FOR PRE-EMPLOYMENT CRIMINAL BACKGROUND INVESTIGATION AND MOTOR VEHICLE RECORDS SEARCH

NAME: _____

ADDRESS:

I, _____, understand that the City of Florence requires that a criminal background investigation and motor vehicle record search will be conducted if I'm considered for employment. I agree to the criminal background investigation and motor vehicle record search by my signature below.

Signature: _____

Date: _____