



235 W Main Street | PO Box 398
Cedaredge, CO 81413
970-856-3123
www.CedaredgeColorado.com

EMPLOYMENT APPLICATION

The Town of Cedaredge is an equal opportunity employer that is committed to diversity and inclusion in the workplace. We prohibit discrimination and harassment of any kind based on race, color, sex, religion, sexual orientation, national origin, disability, genetic information, pregnancy, or any other protected characteristic as outlined by federal, state, or local laws.

Position applied for: _____

Name: _____
Last First Middle Initial

Best Contact Phone Number: _____

Email: _____

Complete Physical Address: _____

Complete Mailing Address, if different: _____

Have you ever been employed by The Town of Cedaredge before? No ___ Yes ___
If yes, give date _____

Are you employed now? No ___ Yes ___

May we contact your present employer? No ___ Yes ___

Are you over 18 years old? No ___ Yes ___

Are you prevented from lawfully becoming employed because of visa or immigration status? (Proof of eligibility to work under immigration laws will be required upon employment.) No ___ Yes ___

What date can you start? _____

Are you available to work: Full Time ___ Part Time ___ Temporary ___

Are you available to work: Weekdays ___ Weekends ___ Nights ___ Evenings ___ Overtime ___

Have you read the job description for the position you are applying? No ___ Yes ___

If the position you are applying for requires one, do you have a valid Colorado driver's license?

No ___ Yes ___

Have you had any moving violations?
If yes, please describe:

No ___ Yes ___

Have you used any names other than the ones given above?
If yes, please list: _____

No ___ Yes ___

Previous Employment – Please show 5 years

Employer (Company) Name City State Phone

Dates Employed: From _____ To _____

Job Title: _____

Duties/Work Performed: _____

Reason for leaving: _____

Supervisor's Name & Title: _____

Employer (Company) Name City State Phone

Dates Employed: From _____ To _____

Job Title: _____

Duties/Work Performed: _____

Reason for leaving: _____

Supervisor's Name & Title: _____

Employer (Company) Name City State Phone

Dates Employed: From _____ To _____

Job Title: _____

Duties/Work Performed: _____

Reason for leaving: _____

Supervisor's Name & Title: _____

References: Please list three people who are familiar with your work ability, who are not related to you, and who are not previous employers.

Name: _____ Phone Number: _____

Years Known/Relationship: _____

Name: _____ Phone Number: _____

Years Known/Relationship: _____

Name: _____ Phone Number: _____

Years Known/Relationship: _____

<u>Education</u>	<u>Name</u>	<u>City/State</u>	<u>Graduate</u>	<u>Major or Course of Study</u>
High School	_____	_____	Yes No	_____
College	_____	_____	Yes No	_____
Other	_____	_____	Yes No	_____

Please describe any specialized training you may have, apprenticeships you have completed, licenses or certificates that may be related to the position for which you are applying, or you feel would be of value to this position or The Town of Cedaredge: _____

Person to notify in case of emergency: _____ Phone: _____

APPLICANT'S CERTIFICATION AND RELEASE

I certify that I have read and understand this Application and the Job Description for the position for which I am applying.

I certify that the answers given by me to the questions asked on this application and the statements made by me are true and complete to the best of my knowledge.

I understand, agree and acknowledge that falsification, omission or misrepresentation of any information called for in this Application may result in the rejection of my Application or, in the event I am hired, the termination of my employment at any time.

I authorize The Town of Cedaredge and/or its agents, including consumer reporting bureaus, to verify any and all of the information I have provided on this Application.

I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for releasing this information.

I understand that after an offer of employment and prior to reporting to work, I will be required to submit to a medical review. I understand that I may be required to complete a medical history form and to be examined by a medical professional designated by The Town of Cedaredge, depending on the position for which I am applying.

I understand that the use of illegal drugs is prohibited during employment. If The Town of Cedaredge's policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I understand, agree and acknowledge that this Application is not an employment contract nor is it an offer of employment. I understand, agree and acknowledge that in the event I am hired by The Town of Cedaredge I will be an "At - Will" employee, subject to termination at any time, for any reason or for no reason at all.

Signature of Applicant

Date