

# APPLICATION FOR EMPLOYMENT



CITY OF WOODLAND PARK P.O. Box 9007, Woodland Park, CO 80866

(719) 687-9246

*Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify us.*

**USE TYPEWRITER OR PRINT LEGIBLY IN DARK INK  
COMPLETE ENTIRE APPLICATION, DO NOT WRITE "SEE RESUME"**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Mailing Address, if different from above: \_\_\_\_\_  
Street City State Zip

Telephone Number – Days: \_\_\_\_\_ Evenings: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Referred by: \_\_\_\_\_

Are you willing to work:  Overtime  Shifts  Part-time  Evenings  Weekends  Temporary

If previously employed by the City, list job(s) and date(s): \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ If under 18, can you provide proof of your eligibility to work? \_\_\_\_\_

Do any relatives by blood, marriage, or adoption work for the City of Woodland Park or serve in an elected or appointed position for the City of Woodland Park?  Yes  No If yes, list name(s): \_\_\_\_\_

EDUCATION	Name and Location	# of Yrs Attended	Degree or Diploma?	Subjects Studied
HIGH SCHOOL/GED				
COLLEGE				
TRADE OR BUSINESS SCHOOL				
OTHER				

Please check the box/fill in the blanks for the skills/qualifications you possess, which relate to the job for which you are applying:

- Typing/Keyboarding \_\_\_\_ wpm
- PC Spreadsheets
- Multi-line Phone
- Computer Software/Hardware: \_\_\_\_\_
- Professional Licenses: \_\_\_\_\_
- Word Processing
- PC Databases
- Dictaphone
- Backhoe
- Grader
- 10-Key
- Front End Loader
- Dump Truck
- Other \_\_\_\_\_
- Grader
- Mower

Do you have a valid driver's license?  Yes  No If the job you are applying for requires a valid driver's license you will be required to provide necessary information for verification.

**EMPLOYMENT EXPERIENCE** (List three most recent employers, starting with the last one first)

Name of Employer			Telephone	
Address			Employed From	To
Your title	Supervisor	May we contact? Yes No		Pay: Start \$ Final \$
Reason for Leaving			How Many Supervised?	
Duties:				
Name of Employer			Telephone	
Address			Employed From	To
Your title	Supervisor	May we contact? Yes No		Pay: Start \$ Final \$
Reason for Leaving			How Many Supervised?	
Duties:				
Name of Employer			Telephone	
Address			Employed From	To
Your title	Supervisor	May we contact? Yes No		Pay: Start \$ Final \$
Reason for Leaving			How Many Supervised?	
Duties:				

**CERTIFICATION OF APPLICANT** (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 justify my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application 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 that if I am extended an offer of employment it may be conditioned upon my successfully completing any required examinations, and that, as required by the Immigration Act of 1986, I can provide identification which verifies my United States Citizenship or authorization to work or remain in the United States. 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 if I am extended an offer of employment, it will be conditional upon my agreement to City policies. I further understand that this application does not create a contract of employment.

I have read, understand, and by my signature consent to these and all statements contained within this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THIS APPLICATION FOR EMPLOYMENT WILL REMAIN ON FILE FOR A PERIOD OF 6 MONTHS