



Town of Keenesburg
 140 S Main Street/ PO Box 312
 Keenesburg, CO 80643
 303-732-4281 Fax 303-732-0599

APPLICATION FOR EMPLOYMENT

Position Applied For: _____

Date of Application: _____

FOR OFFICE USE ONLY

Received By: _____

Date Received: _____

Attached Pages: _____

First Name	Middle	Last Name	
Street Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Daytime Phone Number	Home Phone Number	How did you learn about us? ___ Advertisement ___ Website: _____ ___ Friend/Relative ___ Other: _____	
Email Address: _____			

If you are under 18 years of age can you provide proof of your eligibility to work? Yes No

If hired, can you provide proof of your legal right to live and work in the U.S.? Yes No

Are you able to perform the essential functions of the job for which you are applying? Yes No

If no, please describe the functions of duties you are unable to perform: _____

Have you ever been employed at the Town of Keenesburg? Yes No

If yes, give position and dates of employment _____

Do you have any friends or relatives employed at the Town of Keenesburg? Yes No

If yes, give name and relationship _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you currently on "lay-off" status subject to recall? Yes No

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

On what date are you available to begin work? _____

If your job required driving please provide driver's license number, state issued and expiration date: _____

Have you been convicted of a felony within the last seven years? Yes No

If yes, please explain _____

(A conviction will not necessarily disqualify applicant from the position applied for.)



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EDUCATION

	School Name and Location	Years Completed	Diploma/Degree/ Certification	Course of Study
High School				
Undergraduate College/University				
Graduate/Professional School				
Trade/Technical School				

Please describe any job related specialized training, apprenticeship, skills and extra-curricular activities:

EMPLOYMENT EXPERIENCE

Please start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations indicating race, color, religion, gender, national origin, handicap or other protected status. (Attach additional sheets if necessary)

Employer:	Supervisor:
Address:	Dates Employed
	From: To:
Phone Number(s):	
Job Title:	
Job Duties:	
Reason for Leaving:	



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Employment Experience

Employer:	Supervisor:
Address:	Dates Employed
	From: To:
Phone Number(s):	
Job Title:	
Job Duties:	
Reason for Leaving:	

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Address:	Dates Employed
	From: To:
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Please explain any gaps in employment history.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.



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REFERENCES

Please do not list employers or relatives (Attach additional sheets if necessary)

Name	Address	Daytime Phone Number	Profession

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such changes in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

 Signature of Applicant

 Date

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status. This institution is an equal opportunity provider.