



TOWN OF ELDORADO

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Last Name:		First Name:		Middle:	
Address: Street		City		State Zip	
Phone:	Cell Phone:	Drivers License #:		Email:	
Emergency Contact: Name / Relationship to you				Emergency Contact Phone:	

Position Applied For:			Date of Application:		
Your Availability:	Full-Time?	Part-Time?	Hours Available?		
Have you ever applied / interviewed with us before?			Date:		
Have you ever worked for us before?			Date:	Position:	
Are you currently employed somewhere else? YES _____ NO _____		Name of Employer:		May we contact your employer?	
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? YES _____ NO _____			Are you currently on "lay-off" status and subject to being recalled to work? YES _____ NO _____		
Have you been convicted of a felony in the last 7 years? (conviction will not necessarily disqualify an applicant from employment) Explain:			YES _____ NO _____		

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Explain:

If applying for a DRIVER position, can you drive standard shift?	YES _____	NO _____
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Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Wage / Salary:	Dates Employed: From To
Address	Phone		
Supervisor	Work Performed		
Reason for Leaving:			

Employer		Wage / Salary:	Dates Employed: From To
Address	Phone		
Supervisor	Work Performed		
Reason for Leaving:			

Employer		Wage / Salary:	Dates Employed: From To
Address	Phone		
Supervisor	Work Performed		
Reason for Leaving:			

References

Name	Address / Phone	Occupation	Length of Acquaintance

Education

	Name of School	City, State	Degree	Graduated / GED / Degree?
High School				
Business / Trade				
College				
Grad Study				
Other				

Driving Record Verification

Driver's License #:	State:	Expiration Date:	Regular, Probationary or CDL:
Has your license ever been suspended or revoked?		YES _____	NO _____
Explain:			
Have you ever been cited for driving under the influence?		YES _____	NO _____
Explain:			
Have you received any moving violations within the past 3 years?		YES _____	NO _____
Explain:			
Have you been involved in any accidents within the past 3 years?		YES _____	NO _____
Explain:			

Applicant's Statement

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

I authorize investigation of all statements contained in this 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 Employer 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 such change is specifically acknowledged in writing by an authorized executive of this organization. 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.

I give my permission to allow a verification of my driving record to be performed, if necessary, by the employer.

Applicant's signature:	Date:
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