



Town of Kremmling

200 Eagle Ave. | P.O. Box 538

Kremmling, CO 80459-0538

Office 970.724.3249

<https://townofkremmling.colorado.gov/>

Employment Application

An Equal Opportunity Employer

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

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use a 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: _____

Name: _____

Mailing Address: _____

Street Address: _____

Phone Number: _____ Email: _____

Are you seeking: Full-time ☐ Part Time ☐ Temporary ☐ Employment?

When could you start work? _____

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: _____

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: _____

Have you worked or attended school under any other names? Yes ☐ No ☐

If yes, please give names: _____

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

Education

	School/Location	Course of Study	No. of Years Completed	Degree, Diploma, Certificate
High School or GED				
College or University				
Vocational or Technical				

Special Skills

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

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.)

For Driving Jobs Only:

Do you have a valid driver's license? Yes ☐ No ☐

License No.: _____ State: _____ Class: _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes ☐ No ☐

Work History

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 company's name and supply business references. **Resume may be attached.**

Employer Name: _____ Address: _____

Phone Number: _____

Dates of employment: From _____ To: _____

Job Title and Major Duties: _____

Reason for Leaving: _____

Supervisor Name: _____ May we contact this employer? Yes ☐ No ☐

Employer Name: _____ Address: _____

Phone Number: _____

Dates of employment: From _____ To: _____

Job Title and Major Duties: _____

Reason for Leaving: _____

Supervisor Name: _____ May we contact this employer? Yes ☐ No ☐

Employer Name: _____ Address: _____

Phone Number: _____

Dates of employment: From _____ To: _____

Job Title and Major Duties: _____

Reason for Leaving: _____

Supervisor Name: _____ May we contact this employer? Yes ☐ No ☐

References

Give three references, not relatives or former employers.

Name	Address	Phone

AFFIDAVIT, CONSENT AND RELEASE

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 postemployment 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 that 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 MANAGER OF THE TOWN OF GRANBY OR A DESIGNATED TOWN REPRESENTATIVE HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING SIGNED BY THE MANAGER OR THE REPRESENTATIVE 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: _____