

City of Walsenburg EMPLOYMENT/APPLICATION

City Hall
525 So. Albert Ave.
Walsenburg, CO. 81089
719-738-1048 FAX 719-738-1875

Date _____

Revised 08/05

Enter below the Job Title, Class Code and Position Number (If one appears) as listed on the job announcement you are responding to:

Job Title:	Position Number:
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Social Security Number:					-									
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Name (Last, First, Middle Initial)

Mailing Address (Street, Apt., Unit or PO Box)

City	State	Zip Code
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Home Phone Number	Work Phone Number	E-Mail Address
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EDUCATION:

	Name & Address of School	Course of Study	Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other-Specify				

LICENSES/CERTIFICATION/REGISTRATIONS: If you have any special qualifications and skills or if a license/certificate/registration is required for the job for which you are applying (e.g. Journeyman Plumber, Professional Engineer, etc.) complete the following:

Professional/Specialty License Type:	License Number
Expiration Date:	State and/or Agency granting license:

Other Qualifications/Skills (short hand, machine skills, public speaking, etc.)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

EMPLOYMENT HISTORY

EMPLOYER/Kind of Business:		Your Title:	DATES OF EMPLOYMENT:	
Address			From: Month	Year
Supervisor Name:	Title:	Phone:	To: Month	Year
			Hours Per Week:	
			Monthly Salary:	
			Number of Employees Supervised:	
			Professional:	
			Non-Professional:	
Reason for leaving or seeking other employment:				
EMPLOYER/Kind of Business:		Your Title:	DATES OF EMPLOYMENT:	
Address			From: Month	Year
Supervisor Name:	Title:	Phone:	To: Month	Year
			Hours Per Week:	
			Monthly Salary:	
			Number of Employees Supervised:	
			Professional:	
			Non-Professional:	
Reason for leaving or seeking other employment:				
EMPLOYER/Kind of Business:		Your Title:	DATES OF EMPLOYMENT:	
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Supervisor Name:	Title:	Phone:	To: Month	Year
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			Monthly Salary:	
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			Non-Professional:	
Reason for leaving or seeking other employment:				

EMPLOYMENT HISTORY

EMPLOYER/Kind of Business:	Your Title:	DATES OF EMPLOYMENT:	
Address		From: Month	Year
Supervisor Name:	Title:	Phone:	To: Month Year
		Hours Per Week:	
		Monthly Salary:	
		Number of Employees Supervised:	
		Professional:	
		Non-Professional:	

Reason for leaving or seeking other employment:

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the job for which you are applying. Do not repeat names of supervisors listed under work history. They may be contacted as well.

Name:	Business/Occupation:	Relation:
Address:		Phone:
Name:	Business/Occupation:	Relation:
Address:		Phone:
Name:	Business/Occupation:	Relation:
Address:		Phone:

LANGUAGE PROFICIENCY: List language skills, other than English, you have and the level of your proficiency.

	FLUENT	GOOD	FAIR
READ			
SPEAK			
WRITE			

Applicant's Statement

I certify that answers given herein are true, 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 6 months. 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 the 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.

Applicant Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position Applied For Is Open Yes No Date: _____ Date: _____

Position Considered For: _____

Arrange Interview Yes No

Remarks: _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly/Rate _____

Salary _____ Dept. _____

By _____
Name and Title

Date

Notes:

**CITY OF WALSENBURG
525 SOUTH ALBERT AVENUE
WALSENBURG, CO. 81089**

**CONSENT FOR RELEASE OF INFORMATION
EMPLOYMENT APPLICATIONS**

I, _____ date of birth, _____,
(print full name)

Hereby authorize the release of any information requested by the City of
Walsenburg to help determine my status for employment for any and all records
indicated below.

Date of request: _____.

Signature: _____.

Please Note: information can consist of one or more of the following:

- Criminal History
- Driving History
- Employment History

For the City of Walsenburg:

John E. Zgut, City Clerk