

Town of Milliken

1101 Broad Street* PO Box 290* Milliken, CO 80543 Office 970-587-4331* Fax 970-587-2678

Application for Employment

An Equal Opportunity Employer

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

Answer each question fully and accurately. No action can be taken on the application until you have answered all questions. Use blank

Position Applied for		Today's Date					
Date available for work	:	Full-time	Part-time	Seasonal	;		
Print Name:				Phone:			
Last			MI				
Address:							
Stre	eet City		State	Zip Cod	de		
Are you 18 years or are	e or older? Yes/ No (If you are	hired, you may be requ	uired to submit proof	of age.)			
f hired, can you furnish	n proof you are eligible to work	in the United States?	Yes/No				
lave you ever applied	here before? Yes/No If yes, w	/hen?					
	mployed by the Town? Yes/ N						
lave you ever been co	onvicted of any law violation? Y	res/ No include any pie	eas or "guilty" or "no c	contest". If yes, give	e details:		
employed, do you ex	pect to be engaged in any addi	itional business or emp	loyment outside of o	ur job? Yes/No If ye	es, give details:		
or Driving Jobs Only:	Do you have a valid driver's lic	ense? Yes/No					
Driver's License	e Number	State	Clas	SS			
Have you had y	our driver's license suspended	d or revoked in the last	3 years? Yes/No If	ves give details:			
. iavo you iiau y			o you.o	yoo, give actailer			
	 business or civic activities and sex, age, disability, genetic inf 			and memberships	which reveal race, col		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	,				
LIST NAME AND A	DDRESS OF SCHOOLS	Number		a/Degree	Subjects		
		Of Years Completed	Certi	ficate	Studied		
ligh School or GED	:						
	<i>r</i> :						
College or University							
College or University	cal:						
ocational or Techni	ical: onal training do you have tha	at relate to the job fo	or which you are ap	plying?			

		ne including military service and any periods one including the contingent upon acceptates: A job offer may be contingent upon acceptate.						
NAME OF EMPLOYER		JOB TITLE AND DUTIES						
ADDRESS		DATES OF EMPLOYMENT (MO/YR) FROM		ТО				
CITY, STATE, ZIP CODE		PAY: START \$	FINAL \$					
SUPERVISOR(S) TELEF	PHONE	REASON FOR LEAVING						
NAME OF EMPLOYER		JOB TITLE AND DUTIES						
ADDRESS		DATES OF EMPLOYMENT (MO/YR) FROM		ТО				
CITY, STATE, ZIP CODE		PAY: START \$	FINAL\$					
SUPERVISOR(S) TELEF	PHONE	REASON FOR LEAVING						
NAME OF EMPLOYER		JOB TITLE AND DUTIES						
ADDRESS		DATES OF EMPLOYMENT (MO/YR) FROM		ТО				
CITY, STATE, ZIP CODE		PAY: START \$	FINAL \$					
SUPERVISOR(S) TELEF	PHONE	REASON FOR LEAVING						
NAME OF EMPLOYER		JOB TITLE AND DUTIES						
ADDRESS		DATES OF EMPLOYMENT (MO/YR) FROM		ТО				
CITY, STATE, ZIP CODE		PAY: START \$	FINAL \$					
SUPERVISOR(S) TELEF	PHONE	REASON FOR LEAVING						
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: Give three references, not relatives or former employers. Name Address Phone 1. 2. 3.								
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								

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 post-employment physical examination. 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 THIS APPLICATION, VERBAL STATEMENTS BY MANANGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOMENT NO GUARENTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE TOWN ADMINISTRATOR HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE TOWN ADMINISTRATOR AND THE EMPLOYEE. IF EMPLOYEED, I UNDERSTAND THAT I HVE 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.

This application for employment will remain active for a limited time.

Signature:

Date: