

**TOWN OF SIMLA**

323 Pueblo Ave., P. O. Box 237
 Phone: (719) 541-2468 Fax: (719) 541-3142

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.

(PLEASE PRINT)

Position(s) Applied for			Date of Application		
How Did You Learn About Us?					
Advertisement		Friend		Walk-In	
Employment Agency		Relative		Other	

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Have you ever filed an application with us before?

☐ Yes ☐ No

If Yes, give date

Have you ever been employed with us before?

☐ Yes ☐ No

If Yes, give date

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment.

☐ Yes ☐ No

On what date would you be available for work?

Are you available to work:

☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall?

☐ Yes ☐ No

Can you travel if a job requires it?

☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years?

☐ Yes ☐ No

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
— Elementary School				
— High School				
— Undergraduate School				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write

	<u>FLUENT</u>	<u>GOOD</u>	<u>FAIR</u>
<u>SPEAK</u>			
<u>READ</u>			
<u>WRITE</u>			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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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. This section must be completed, even if a resume is attached.

1. Employer	<u>Dates Employed</u>		WORK PERFORMED
	From	To	
Address			
Telephone Number(s)	<u>Hourly Rate/Salary</u>		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

2. Employer	<u>Dates Employed</u>		WORK PERFORMED
	From	To	
Address			
Telephone Number(s)	<u>Hourly Rate/Salary</u>		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

3. Employer	<u>Dates Employed</u>		WORK PERFORMED
	From	To	
Address			
Telephone Number(s)	<u>Hourly Rate/Salary</u>		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

4. Employer	<u>Dates Employed</u>		WORK PERFORMED
	From	To	
Address			
Telephone Number(s)	<u>Hourly Rate/Salary</u>		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

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

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Specialized Skills -- List skills/Equipment Operated

Computer Hardware/Software	Office Equipment	Other(list):
—		
—		

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? _____ YES _____ NO

A description of the activities involved in such a job or occupation is attached.

References

1. _____
(Name) Phone #

	(Address)	
2.		
-	(Name)	Phone #
-		
-	(Address)	
3.		
-	(Name)	Phone #
-		
-	(Address)	

APPLICATION FORM WAIVER

All information contained in the application is subject to verification. The Town of Simla will conduct background checks including, but not limited to, work references, driving records, criminal background records and educational attainment.

I understand an employment offer is contingent upon successful completion of a pre-employment alcohol/drug test, review of work references, and result of background check.

I understand that specific positions at the Town of Simla require proof of an acceptable driving record, and that maintaining an acceptable driving record is a condition of continued employment.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

If employed, I agree to abide by all policies, regulations and guidelines established by the Town of Simla.

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the Town of Simla and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from Town service.

In addition, I give the Town of Simla the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the Town of Simla in providing relevant, job related information that will assist in this process.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town of Simla is of an "at will" nature, which means that the employee may resign at any time and the Town 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 change in writing.

I have read and understand the "Application Form Waiver" and am acknowledging same by my dated signature hereunder.

Signature: _____ Date: _____