



APPLICATION FOR EMPLOYMENT

Town of Morrison
321 Highway 8
Morrison, CO 80465
(303) 697-8749, FAX (303) 697-8752
www.town.morrison.co.us

For Personnel Use Only

General Instructions:

Please TYPE or PRINT all requested information.

If an item does not apply to you or you have no information to furnish, print in the letters "N/A" (Not Applicable).

A COMPLETED application is required. Résumés may be submitted in addition to the application.

Position Applying For: _____

Name: _____

Address: _____ Last _____ City: _____ First _____ State: _____ Zip: _____ MI

Home Phone: () _____ Message Phone: () _____

E-Mail Address _____

Date Available for work _____ Minimum Salary Requirement: _____

GENERAL INFORMATION

- 1. Do you have relatives presently working for the Town of Morrison?
2. Have you ever been convicted of any law violation?
3. If you are under the age of 18, can you provide an age verification form?
4. If required by the position, do you possess a commercial driver's license?
5. If applying for a driving position, do you have a valid driver's license?
6. If applying for a position that requires a CDL, have you ever agreed to or been required to take a drug and/or alcohol test?
7. Are you able to perform the essential functions of the position?
8. If required by the position, do you consent to the following: Drug Test, Polygraph, Physical Examination, Psychological Examination and Background Investigation.
9. If hired, will you engage in any other employment?
10. Have you ever worked for the Town of Morrison before?
11. Not all positions in the Town involve work hours from 8 a.m. to 5 p.m., Monday thru Friday.
12. If hired, can you furnish proof that you are eligible to work in the United States?

SPACE FOR DETAILED ANSWERS (Please indicate the item number to which the explanation applies. Be certain you give complete, detailed information. Use supplemental sheet, if necessary)

Blank lines for detailed answers

EMPLOYMENT HISTORY List all present and past employment. Applicants should provide 10 consecutive years of employment history, if applicable. Attach additional sheets if necessary. If submitting a résumé, please include all information requested on this application.

Current/Most Recent Employer _____

Address _____ City _____ State _____ Zip _____

Telephone # (____) _____ Type of Business _____

Employed From: _____ (mo/yr) To: _____ (mo/yr) Final Pay _____ per _____

Supervisor _____ Supervisor Title _____ May we contact? _____

Job Title(s) _____

Describe your major duties and responsibilities with this employer: _____

Reason for leaving or wanting to leave _____

Previous Employer _____

Address _____ City _____ State _____ Zip _____

Telephone # (____) _____ Type of Business _____

Employed From: _____ (mo/yr) To: _____ (mo/yr) Final Pay _____ per _____

Supervisor _____ Supervisor Title _____ May we contact? _____

Job Title(s) _____

Describe your major duties and responsibilities with this employer: _____

Reason for leaving _____

Previous Employer _____

Address _____ City _____ State _____ Zip _____

Telephone # (____) _____ Type of Business _____

Employed From: _____ (mo/yr) To: _____ (mo/yr) Final Pay _____ per _____

Supervisor _____ Supervisor Title _____ May we contact? _____

Job Title(s) _____

Describe your major duties and responsibilities with this employer: _____

Reason for leaving _____

Use additional sheets as necessary.

OTHER EXPERIENCE: List any significant voluntary, military or other relevant experience that you feel further qualifies you for the position for which you are applying. Do not list organizations which would identify race, color, creed, sexual orientation, religion, age, sex, national origin or disability or other protected status.

EDUCATION AND TRAINING High School diploma or GED? _____ Yes _____ No

HIGHER EDUCATION

Name & Address of College, University or Business Vocational School	Degree/Certificate	Major Field of Study	Total Credit Hours	Did you Graduate?

SPECIAL SKILLS OR QUALIFICATIONS -- Please place a check mark next to any skills you possess.

- Typing/Keyboarding _____ WPM
 Word Processing
 PC Spreadsheets
 Other
 PC Databases
 Transcription/Dictaphone
 Data Entry _____ KPH
 HTML
 Adding Machine/10-Key/By Touch
 _____ Yes _____ No

Computer Software you can operate: _____

Computer Hardware you can operate: _____

List any special licenses or certificates that you possess, indicate the issuing authorities and dates of issue and operation. List any additional skills or qualifications that you possess. _____

EQUAL OPPORTUNITY EMPLOYER

The Town of Morrison is an Equal Opportunity Employer. All applicants are considered for all positions for which they apply and qualify, regardless of race, color, creed, religion, sex, sexual orientation, age, national origin, or disability.

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 justify my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application 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 that if I am extended an offer of employment, it may be conditioned upon my successfully completing any required examinations, and that, as required by the Immigration Act of 1986, I can provide identification which verifies my United States Citizenship or authorization to work or remain in the United States. 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 if I am extended an offer of employment, it will be conditional upon my agreement to Town policies.

I have read, understand, and by my signature, consent to these and all statements contained within this application.

Signature: _____ Date: _____

This application for employment may be re-activated within six (6) months.