EMPLOYMENT APPLICATION

TOWN OF CASTLE ROCK COLORADO

An Equal Opportunity Employer

100 North Wilcox Street, Castle Rock, CO 80104
Phone 720-733-2218 · Fax 303-660-1024 · www.CRgov.com

Excellence ● Dedication ● Service

Position Applying for: _____

Date: _____ Date available for work: _____

This application must be completed for all Town positions. Full completion of application is required; however, a resume and/or additional pages may be attached. A separate application must be submitted for each position for which you are applying. (No paid employee, except a Town Council member may serve as a member of a Town Board or Commission unless specifically authorized by Town Council Resolution, ordinance, or state statute.)

Applicant Information

Name: _____
Last Name First Name Middle Initial

Mailing Address: _____
Street City State Zip Code

Home Phone: (____)_____ Cell Phone: (____)_____ Email address: _____

Are you 18 years or older: ( ) Yes ( ) No If no, you may be required to provide proof of your eligibility to work

Are you available for: ( ) Full-time ( ) Part-time ( ) Temporary/Seasonal Work

If hired, can you furnish proof that you are legally authorized to work in the U.S.? ( ) Yes ( ) No

Have you ever applied here before? ( ) Yes ( ) No If yes, when? _____ Were you interviewed? ( ) Yes ( ) No

Have you previously worked for the Town of Castle Rock? ( ) Yes ( ) No

If yes, give Date(s): _____ Dept(s): _____ Position (s): _____

_____

Have you ever been **convicted** of any law violation? *(Include any plea of "guilty" or "no contest," exclude minor traffic violations. A conviction will not automatically disqualify an applicant from employment.)* ( ) No ( ) Yes, explanation follows:_____

_____

For Positions Requiring Driving: Do you hold a Commercial Driver's License (CDL)? ( ) No ( ) Yes Class _____
Do you have a valid driver's license? Yes ( ) No ( ). Have you had your driver's license suspended or revoked in the last 3 years? No ( ) Yes ( ) If yes, please explain _____

_____

Police Applicants Only: (All police applicants must include copies of certificates)
Have you obtained Colorado **P.O.S.T.** certification as a Level 1 Police Officer? ( ) Yes ( ) No

Name of Academy: _____ Date Completed: _____ P.O.S.T. Certificate Number _____

The Town Attorney's Office has been designated as the compliance coordinator for persons with disabilities (as defined by the Americans With Disabilities Act) seeking employment or access to municipal services and will provide reasonable accommodations for testing and employment to qualified applicants on request. Provision for accommodations will not affect consideration of your application. For more information, you may contact Human Resources at 720-733-2218.

Technical Skills

Please indicate your skills as they relate to the job for which you are applying:

( ) Typing: WPM ____	( ) Dictaphone	( ) Dump Truck	( ) Water Operator License
( ) Word Processing	( ) 10-Key	( ) Road Grader	Type _____
( ) PC Spreadsheets	( ) Backhoe	( ) Industrial Mower	
( ) PC Data Bases	( ) Front End Loader	( ) Double-Axle Vehicle	

Special training, skills, qualifications, licenses, certifications or other experience that relates to the position for which you are applying:

_____

_____

_____

Education

All applicants applying for positions that require advanced degrees, special licenses or coursework may be required to provide appropriate documentation.

Education	Name & Location of School	Course of Study	Degree Earned
High School ( ) GED ( )		Graduate? Yes ( ) No ( )	
College/University			
Vocational/Graduate School			

Employment History

Please provide an employment history for a minimum of four years. 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 period of unemployment. ***A resume may be attached but will not be accepted in lieu of the information requested below.***

Current/Most recent employer:_____

Type of Business: _____ Telephone: (____) _____

Employer's Address: _____
Street City State Zip Code

Name of Last Supervisor: _____ May we contact this employer? ( ) Yes ( ) No

Employed from: _____ To: _____ Salary Starting: _____ Salary Ending: _____

Job title: _____ Describe duties performed: _____

_____

Reason for leaving or seeking other employment: _____

Employer before most recent: _____

Type of Business: _____ Telephone: (____) _____

Employer's Address: _____
Street City State Zip Code

Name of Last Supervisor: _____ May we contact this employer? ( ) Yes ( ) No

Employed from: _____ To: _____ Salary Starting: _____ Salary Ending: _____

Job title: _____ Describe duties performed: _____

_____

Reason for leaving or seeking other employment: _____

Employer: _____

Type of Business: _____ Telephone: (____) _____

Employer's Address: _____
Street City State Zip Code

Name of Last Supervisor: _____ May we contact this employer? ( ) Yes ( ) No

Employed from: _____ To: _____ Salary Starting: _____ Salary Ending: _____

Job title: _____ Describe duties performed: _____

_____

Reason for leaving or seeking other employment: _____

Employer: _____

Type of Business: _____ Telephone: (____) _____

Employer's Address: _____
Street City State Zip Code

Name of Last Supervisor: _____ May we contact this employer? ( ) Yes ( ) No

Employed from: _____ To: _____ Salary Starting: _____ Salary Ending: _____

Job title: _____ Describe duties performed: _____

_____

Reason for leaving or seeking other employment: _____

References

Please give the names of three persons, not related to you, whom you have known for over a year. Do not list supervisors that you have listed in the previous employment history section.

Name	Address	Phone	Occupation	Yrs. Known
Name	Address	Phone	Occupation	Yrs. Known
Name	Address	Phone	Occupation	Yrs. Known

AFFIDAVIT – 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 understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, and personal characteristics obtained from interviews with neighbors, friends, former employers, schools, and other. I understand I have the right to make a written request within a reasonable time as to the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

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 making such statements. I understand I may need to sign a background check form for a criminal background check, including fingerprinting, if applicable.

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 as may be deemed necessary to justify my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and /or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT FOR EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. 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 CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Applicant Signature _____ Date _____

This application for employment will remain active for a limited time. Ask the organization representative for details.