



Town of Palmer Lake
 42 Valley Crescent; PO Box 208
 Palmer Lake CO 80133
 719-481-2953 office
 719-488-9305 fax

Application for Employment

We consider applicants for all positions without regard to ancestry, color, creed, gender variance, genetic characteristics, immigration status, marital status, mental disability, national origin, physical disability, race, religion, sex, sexual orientation, source of income, age, or pregnancy or any other legally protected status.

{Please Print}

Position Applied For:	Date of Application		
Last Name:	First Name:	Middle Name:	
Resident Address:	City:	State:	Zip Code:
Mailing Address:	City:	State:	Zip Code:
Telephone:	Email:		
Wage/salary expected for this position:			

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 a date _____

May we contact your present employer? Yes No

** If you are applying for a Police Officer Position: Colorado P.O.S.T Cert. # _____ Exp: _____

Are you able to be lawfully employed in this country? Yes No
 Proof of eligibility will be required upon employment

Are you available to work: Full Time Part Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if necessary? Yes No

Have you been convicted of a crime in the past seven years? Yes No
 Conviction will not necessarily disqualify you for employment.

If yes, please explain: _____

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 any protected status. This section must be completed even if a resume is provided.

1	Employer:	Dates Employed		Worked Performed
		From	To	
	Address:			
	City:	State:	Zip:	
	Telephone #'s:			
	Job Title:	Supervisor:		
	Reason for Leaving			

2	Employer:	Dates Employed		Worked Performed
		From	To	
	Address:			
	City:	State:	Zip:	
	Telephone #'s:			
	Job Title:	Supervisor:		
	Reason for Leaving:			

3	Employer:	Dates Employed		Worked Performed
		From	To	
	Address:			
	City:	State:	Zip:	
	Telephone #'s:			
	Job Title:	Supervisor:		
	Reason for Leaving:			

4	Employer:	Dates Employed		Worked Performed
		From	To	
	Address:			
	City:	State:	Zip:	
	Telephone #'s:			
	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 reveals any protected status:

EDUCATION

	Name/Location of School	Course of Study	Diploma or Degree Received
High School			
Undergraduate			
Graduate			

ADDITIONAL INFORMATION

Other Qualifications:

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

Specialized Skills:

Please list below any special skills you have or equipment you can operate proficiently that would help you in the position for which you are applying:

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

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE READ THE JOB DESCRIPTION AND PHYSICAL REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?

Yes

No

REFERENCES

1. _____ () _____
Name Phone #

Address City State Zip

Email

2. _____ () _____
Name Phone #

Address City State Zip

Email

3. _____ () _____
Name Phone #

Address City State Zip

Email

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that the Town of Palmer Lake will conduct background checks including but not limited to, work references, driving records, criminal background records, and educational attainment.

This application for employment shall be considered active for a period of time not to exceed 45 days. 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.

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

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 Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be hanged by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant

Date
