

APPLICATION FOR EMPLOYMENT - GENERAL CITY OF GLENDALE, COLORADO

An Equal Opportunity Employer

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

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment? Desired Salary \$ _____

When could you start work? _____

Last Name	First Name	Middle Name	E-Mail Address	Telephone Number
Present Street Address		City	State	Zip Code

Are you 18 years of age or older? Yes No
(If you are hired, you may be required to submit proof of age.)

Social Security Number (Optional) _____

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes No

If yes, give details _____

EDUCATION

List Name, Address, and Phone Number of Schools	Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED: _____ _____ _____		
College or University: _____ _____ Subjects Studied: _____ _____		
Vocational or Technical: _____ _____ Subjects Studied: _____		

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last three years? Yes No

If yes, give details: _____

List professional, trade, business, or civic activities and offices held.
(Exclude labor organizations and memberships that reveal race, color,
religion, national origin, sex, age, disability, or other protected status.)

WORK HISTORY

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 periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer Address City, State, Zip Code Telephone Number	Supervisor(s) <hr/> Employed From (mo/yr) / To (mo/yr) / <hr/> Pay Start \$ Final \$
Title	Reason for Leaving
Duties	
Name of Employer Address City, State, Zip Code Telephone Number	Supervisor(s) <hr/> Employed From (mo/yr) / To (mo/yr) / <hr/> Pay Start \$ Final \$
Title	Reason for Leaving
Duties	
Name of Employer Address City, State, Zip Code Telephone Number	Supervisor(s) <hr/> Employed From (mo/yr) / To (mo/yr) / <hr/> Pay Start \$ Final \$
Title	Reason for Leaving
Duties	
Name of Employer Address City, State, Zip Code Telephone Number	Supervisor(s) <hr/> Employed From (mo/yr) / To (mo/yr) / <hr/> Pay Start \$ Final \$
Title	Reason for Leaving
Duties	

REFERENCES

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

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 professional references.

Name	Address	Phone

AFFIDAVIT, CONSENT AND RELEASE

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 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 drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete 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 management, or subsequent employment does not create an express or implied contract of employment or guarantee employment for any definite period of time. Only the City Manager, pursuant to City Council authorization, has the authority to enter into an agreement of employment for any specified period, and such agreement must be in writing, signed by the City Manager and the employee. 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 reason and with or without notice.

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

Signature: _____ Date: _____

CITY OF GLENDALE

APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of the City of Glendale to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, or disability. As an affirmative action employer under E.O. 11246, we invite all applicants to identify themselves as indicated below.

Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application form.

PLEASE PRINT

Name _____ Date _____
 Last First Middle

Position applied for (list only one) _____

Where did you hear about this job? _____

Racial origin (you may mark one or more of the following):

- White** — A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- American Indian or Alaska Native** — A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Black or African American** — A person having origins in any of the black racial groups of Africa.
- Asian** — A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander** — A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Ethnicity:

- Hispanic or Latino** — A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Sex: Male Female

Signature _____

Please return this form to: EOE Coordinator
City of Glendale
950 S. Birch Street
Glendale, CO 80246