



Town of Hotchkiss
276 W Main St. - P.O. Box369
Hotchkiss, CO 81419
(970) 872-3663

Application For Employment

*** ALL APPLICANTS PLEASE READ**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT) * It shall also be understood that any position obtained is solely at the discretion of the Board of Trustees, and carries no tenure.

Date of Application: _____

Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (_____) _____ Social Security Number ____-____-_____
Area code

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give Date _____

Have you ever been employed here before? Yes No If Yes, give Date _____

Are you employed now? Yes No May we contact your present employer? Yes No

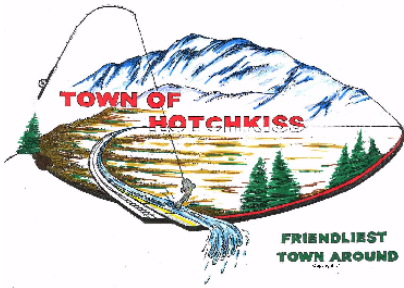
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

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

On what date would you be available for work? _____

Are you available to work: Full Time Part-Time Shift Work Temporary

AN EQUAL OPPORTUNITY EMPLOYER



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Are you on a lay-off 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? ___ No ___ Yes
 (Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain.

Other Qualifications

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

Specialized Skills

Check Skills/Equipment Operated

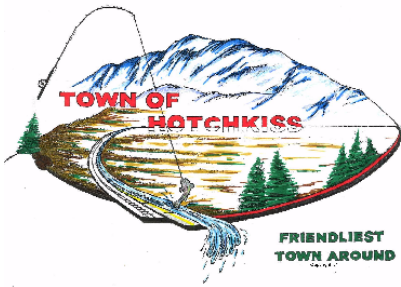
___ CRT	___ Fax	Production/Mobile	Other (list):
___ PC	___ Excel	_____	_____
___ Calculator	___ Word	_____	_____
___ Typewriter		_____	_____

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

___ YES ___ NO



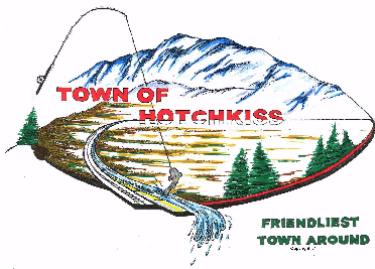
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References

1.		
	(Name)	(Phone Number)
	(Address)	
2.		
	(Name)	(Phone Number)
	(Address)	
3.		
	(Name)	(Phone Number)
	(Address)	

Education

	Name and Address Of School	Course of Study	Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professiona				
Other (Specify)				



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Indicate Any Foreign Languages You Can Speak, Read and / or Write			
	Fluent	Good	Fair
Speak			
Read			
Write			

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

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 in which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Phone Number:				
Job Title	Supervisor	Hourly Rate / Salary		
		Starting	Final	
Reason for Leaving				
Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Phone Number:				
Job Title	Supervisor	Hourly Rate / Salary		
		Starting	Final	
Reason for Leaving				
Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Phone Number:				
Job Title	Supervisor	Hourly Rate / Salary		
		Starting	Final	
Reason for Leaving				
Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Phone Number:				
Job Title	Supervisor	Hourly Rate / Salary		
		Starting	Final	
Reason for Leaving				

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



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

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