

Town of LaSalle, Colorado Employment Application

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him / herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

PLEASE PRINT IN INK

| | | | |
|---|--|---|--------|
| NAME <small>(As it appears on Social Security Card / Work Permit Card)</small> | Last First M.I. | | |
| SOCIAL SECURITY NUMBER | | | |
| ADDRESS | | | |
| CITY, STATE, ZIP | | | |
| HOME TELEPHONE | MESSAGE CONTACT | | |
| DAYTIME TELEPHONE | | Name Area Code Number | |
| OTHER NAMES YOU HAVE USED: | | | |
| POSITION APPLIED FOR: | | SALARY REQUIREMENTS: | \$ |
| REFERRED FOR THIS POSITION BY: | | DATE AVAILABLE: | |
| HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? NO YES WHEN? DEPARTMENT: | | | |
| SUPERVISOR: | | REASON FOR LEAVING: | |
| | IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION: | CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? | |
| D.L.# | I HAVE A VALID DRIVER'S LICENSE YES NO | | YES NO |
| | STATE | | |

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

_____ Branch of Service

From: _____ To: _____
Dates Served Type of Discharge

EDUCATION / SKILLS

| EDUCATIONAL LEVEL | NAME | CITY | STATE | CIRCLE YRS. COMPLETED | UNITS COMPLETED | DEGREE | MAJOR |
|--------------------------|------|------|-------|-----------------------|-----------------|--------|-------|
| HIGH SCHOOL | | | | 9 10 11 12 | | | |
| COMMUNITY or JUNIOR COLL | | | | 1 2 | | | |
| | | | | 1 2 | | | |
| BUSINESS or TRADE SCHOOL | | | | 1 2 | | | |
| COLLEGE or UNIVERSITY | | | | 1 2 3 4 | | | |
| | | | | 1 2 3 4 | | | |
| | | | | 1 2 3 4 | | | |
| GRADUATE SCHOOL | | | | | | | |
| | | | | | | | |

COMPUTER SOFTWARE SKILLS

| COMPUTER SOFTWARE | Name of Software | Your Proficiency With The Software | | |
|-------------------|------------------|------------------------------------|-----------|----------|
| Word Processing | | Skilled | Competent | Familiar |
| Spreadsheet | | Skilled | Competent | Familiar |
| Database | | Skilled | Competent | Familiar |
| Other | | Skilled | Competent | Familiar |

LICENSES / CERTIFICATIONS / ORGANIZATIONS

| PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related) | TYPES OF LICENSES and CERTIFICATES | DATE ISSUED | REGISTRATION NUMBER | STATE | EXPIRES MO / YR |
|--|------------------------------------|-------------|---------------------|-------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |

| PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related) | NAME | DATE | NAME | DATE |
|--|------|------|------|------|
| | | | | |
| | | | | |
| | | | | |

Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status

JOB RELATED TRAINING

| NAME OF COURSE | YEAR COMPLETED | NAME OF COURSE | YEAR COMPLETED |
|----------------|----------------|----------------|----------------|
| | | | |
| | | | |
| | | | |

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK. BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr.) _____ TO (Mo/Yr.) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr.) _____ TO (Mo/Yr.) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
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BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

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ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
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EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

