

Applicant Name:

Position Applied For:

Date

Received

by:



CITY OF MONTROSE

Quality of Life is our Commitment

Application for Employment

- ⇒ Read the job announcement before you complete the application.
- ⇒ Type or print clearly in dark ink.
- ⇒ Complete all blanks; enter N/A if question does not apply.
- ⇒ Attach resume as supplemental information if you wish, in addition to the completed City application. Do not substitute “See Resume” in boxes on the application.
- ⇒ Be sure to include all experience and training that might qualify you for the position for which you are applying.
- ⇒ If you need more space for an answer, use an 8 1/2” x 11” size sheet of paper. Write your name and the position title in the upper left hand corner of the attachment.
- ⇒ If you do not answer all questions fully and correctly, you may delay the review of your application and lose job opportunities.

AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment

We consider applicants for all positions without regard to race, color religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

INSTRUCTIONS

Each question should be fully and accurately answered. Use blank paper if you do not have enough room on this application. Your signature is required at the end of application. You may also attach a resume and cover letter if you desire but be sure to complete each section as well.

PLEASE PRINT

Name _____	Telephone Number _____
Address _____	City _____ State _____ Zip Code _____
E-mail _____	Cell phone: _____
Position(s) Applied For _____	Date of Application _____
How Did You Learn About Us?	
Advertisement (name of newspaper or website) _____	Employment Agency (name) _____
Relative _____	or friend _____
Walk-In/City Bulletin Board _____	Other _____

The City does not hire anyone under the age of 18.

Are you 18 years of age or older?

Yes No

For Sworn Police positions only: Are you over 21?

Yes No

Have you ever been employed or educated under another name?

Yes No

If yes, please state name(s) _____

Have you ever filed an application for employment or been employed here before?

Yes No

If yes, give date(s) _____

May we contact your current employer?

Yes No

Have you been convicted of a felony within the last 7 years?

Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

Do you have a valid Colorado Driver's License? Yes No

Do you have a valid Colorado Commercial Driver's License (CDL)? Yes No If so, what classification and endorsements?

WORK EXPERIENCE

This is a very important part of the application. Neglecting to provide all the information requested could cause you to be disqualified for the position. The application form asks you to describe duties, responsibilities and accomplishments. Duties are what you do for your employer. Responsibilities involve some independent thought and judgment on your part. Accomplishments are what you have done that are above and beyond what is normally expected of you.

Describe your current or most recent position in the first box and work backwards, describing each position you have held. (List all part-time employment information.) If you need additional space, please continue on a separate sheet of paper. A resume may also be attached **in addition** to providing the information requested below. Do not leave this section blank or write in "see resume".

Employer	Telephone ()
Address	Employed - Month & Year From _____ To _____
Name of Supervisor	Weekly pay Start _____ Last _____
Job Title & Describe Your Work	Reason for Leaving

Employer	Telephone ()
Address	Employed - Month & Year From _____ To _____
Name of Supervisor	Weekly pay Start _____ Last _____
Job Title & Describe Your Work	Reason for Leaving

Employer	Telephone ()
Address	Employed - Month & Year From _____ To _____
Name of Supervisor	Weekly pay Start _____ Last _____
Job Title & Describe Your Work	Reason for Leaving

Employer	Telephone ()
Address	Employed - Month & Year From _____ To _____
Name of Supervisor	Weekly pay Start _____ Last _____
Job Title & Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT _____

Reason: _____

EDUCATION

School	Name & Location of School	Course of Study	Years of Study	Degree
Graduate				
College				
Business/Trade/ Technical				
High School				
Other				

TRAINING

If you have completed any other courses or training related to the job posting, please indicate below.				
Month/Year Training Completed	Total Classroom Hours	Course Title	Name/Location of School/Training Facility (City/State)	Certificate/Diploma (if any)

MILITARY AND VETERANS INFORMATION

Military Service	Veterans Preference
(Dates and branch of all active service):	If preference eligible you must attach a copy of your DD214 and SF-15
Describe any job-related training received in the United States military.	
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REFERENCES

List five people not related to you, who have known you for at least one year, and who know your qualifications and fitness for the job for which you are applying. Do not list supervisors you listed in the Work Experience area.

Full Name of Reference	Present Business or Home Address— (Number, Street, City, State, Zip Code)	Telephone Number(s) (Include Area Code)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 30 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 a later time.

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 changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer and does not grant me any right of continued employment and does not establish or create a contract of employment, either express or implied, between the City of Montrose and me.

Signature

Date Signed

Authorization to Work in the United States:

On November 5, 1986, the Immigration Reform and Control Act was signed into law making employment of unauthorized aliens unlawful. The Act requires every employer to examine and verify certain documents that establish the employment eligibility of all employees hired after November 6, 1986. For each employee hired after this date, the City must keep on file a form confirming that the City examined appropriate documents for each new employee. **If you are selected for the position for which you applied, you must provide the appropriate documents to the Human Resources Department before you can be hired.** Please be prepared to bring with you the following document(s):

One document of the following establishing both identify and employment authorization:

- a. U. S. Passport or
- b. Certificate of U.S. Citizenship or Naturalization or
- c. Alien Registration Card (a.k.a. "Green Card") or
- d. Unexpired Foreign Passport with Valid Work Authorization.

OR

One document of the following establishing identity:

- a) Drivers License or
- b) State-issued ID Card with photograph or
- c) School ID Card with photograph

AND

One document of the following establishing employment authorization:

- a) Social Security Card or
- b) U.S. Birth Certificate (issued by state or county entity; certificates issued by hospital are not acceptable.)

COMPLETED APPLICATIONS AND ALL ATTACHMENTS MUST BE RECEIVED IN THE HUMAN RESOURCE DEPARTMENT BY THE DEADLINE INDICATED ON THE JOB ANNOUNCEMENT. APPLICATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED. E-mailed or faxed applications are acceptable, but the original application with the applicant's original signature must be mailed as authorization for the City to check references if you are selected as the top candidate.

Return by mail to:

City of Montrose
Human Resource Department
P.O. Box 790
Montrose, Colorado 81401-0790

Hand deliver to:

City of Montrose
433 South 1st Street
Montrose, Colorado

For information on the City visit the website at www.cityofmontrose.org