APPLICATION FOR EMPLOYMENT

TOWN OF HOLLY
PO Box 458
Holly, CO 81047
719-537-6622

FOR OFFICE USE ONLY
Received by
_____
Date _____
Attached Pages _____

Position applied for _____
Date of Application _____

Last Name	First Name		Middle Initial
Street Address	City	State	Zip Code
Mailing Address (if different from above)	City	State	Zip Code
Daytime Phone Number	Home Phone Number	Email Address	
How did you learn about us?	□ Advertisement □ Web Site	□ Friend/Relative □ Other _____	

If you are under 18 years of age, can you provide proof of your eligibility to work? □ Yes □ No
If hired, can you provide proof of your legal right to live and work in the U.S.? □ Yes □ No
Are you able to perform the essential functions of the job for which you are applying? □ Yes □ No
If no, please describe the functions or duties you are unable to perform: _____
_____
_____
Have you ever been employed at the Town of Holly? □ Yes □ No
If yes, give position and date: _____
Do you have any friends or relatives employed at the Town of Holly? □ Yes □ No
If yes, give name and relationship: _____
Are you currently employed? □ Yes □ No May we contact your current employer? □ Yes □ No
Are you currently on "lay-off" status subject to recall? □ Yes □ No
Are you available to work: □ Full Time □ Part Time □ Temporary □ Seasonal
On what date are you available to begin work? _____
If your job requires driving, please provide: _____
Driver's License Number / State / Expiration Date
Have you been convicted of felony within the last seven years? □ Yes □ No
If yes, please explain: _____
_____
(A conviction will not necessarily disqualify applicant from the position applied for.)

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

EDUCATION

	School Name and Location	Years Completed	Diploma/Degree/ Certification	Course of Study
High School				
Undergraduate College/University				
Graduate/ Professional School				
Trade/ Technical School				

EMPLOYMENT EXPERIENCE *(If you have not previously held a job, write "none" below.)*

Please begin with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations indicating race, color, religion, gender, national origin, handicap or other protected status. (Attach additional sheets, if necessary.)

Employer:	Supervisor:	
Address:	Dates Employed	
	From:	To:
Telephone Number(s)	Hourly Rate/Salary	
Job Title:	Starting:	Final:
Job Duties:		
Reason for Leaving:		

Employer:	Supervisor:	
Address:	Dates Employed	
	From:	To:
Telephone Number(s)	Hourly Rate/Salary	
Job Title:	Starting:	Final:
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Employer:	Supervisor:	
Address:	Dates Employed	
	From:	To:
Telephone Number(s)	Hourly Rate/Salary	
Job Title:	Starting:	Final:
Job Duties:		
Reason for Leaving:		

Please explain any gaps in employment history. _____
_____
_____

SPECIAL SKILLS AND QUALIFICATIONS

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

_____
_____
_____

REFERENCES – THIS SECTION **MUST** BE COMPLETED!

Three references are required – one reference from each category. If you have never worked at a job – use 2 teachers, coaches, etc. (someone who knows how you work). A combination from a workplace, school class and personal reference. Examples: job supervisor, class teacher, pastor/minister, adult personal friend, family friend, neighbor. Please do not list three personal references. (Attach additional sheets, if necessary.)

Name	Address	Daytime Phone #	Profession

APPLICANT'S STATEMENT

I certify that the 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 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.

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 changes 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.

_____ _____

Signature of Applicant Date