



TOWN OF EAGLE
 200 Broadway * PO Box 609
 Eagle CO 81631
 (970) 328-6354 * (970) 328-5203 Fax

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, ancestry, age, sex, sexual orientation, disability, veteran status, genetic information, 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 LEGIBLY OR TYPE.** 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.

Position Desired:	Today's Date:
Date you can start work:	How did you learn of this position:

GENERAL INFORMATION			
Last Name:	First Name:	Middle:	
Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Home Telephone:	Mobile Telephone:	E-Mail Address:	
Are you 18 years of age or older? (If hired, you may be required to submit proof of age.)	Yes	No	
If hired, you will be required to furnish proof of your eligibility to work in the U.S.			
Have you ever been employed by the Town of Eagle? (Show Below)	Yes	No	
If employed, do you expect to be engaged in any additional business or employment outside of your job? If yes, give details here:	Yes	No	
Have you ever been found guilty of ANY law violations Include any plea of "guilty" or "no contest". (exclude minor traffic violations) If yes, give details below (<i>a conviction will not necessarily disqualify an applicant for employment.</i>)	Yes	No	
Conviction Details:			

DRIVING INFORMATION (Driving Positions Only)			
Do you have a valid driver's license?	Yes	No	
Driver's License No:	Class of License:	Issuing State:	
Have you had your driver's license suspended or revoked in the last 3 years? If yes, give details.	Yes	No	

EMPLOYMENT HISTORY (Show minimum 4 positions) ATTACH ADDITIONAL SHEET/RESUME IF NEEDED. (Continued)			
Employed By:			Your Job Title:
Address:	City, State, Zip:	County:	Employer Phone:
Supervisor's Name:	Supervisor's Title:	Employed From:	Employed To:
Salary:	Average hours worked per week:	Why did you leave?	May we contact this employer? Yes No
Duties:			
Employed By:			Your Job Title:
Address:	City, State, Zip:	County:	Employer Phone:
Supervisor's Name:	Supervisor's Title:	Employed From:	Employed To:
Salary:	Average hours worked per week:	Why did you leave?	May we contact this employer? Yes No
Duties:			

REFERENCES – we typically conduct reference checks in the final stages of the interview process			
Have you worked or attended school under any other names? If yes, give names:	Yes	No	
Are you presently employed? If yes, whom do you suggest we contact, please provide information below:	Yes	No	
Have you ever been fired or asked to resign from any job? If yes, please explain:	Yes	No	
Provide three (3) professional references, preferably additional supervisors not listed previously or others familiar with your work			
Name	How known	City, State and Email Address	Phone

AFFIDAVIT, CONSENT AND RELEASE - PLEASE READ 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 the 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 pre-employment 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 NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE TOWN MANAGER OR TOWN BOARD HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE TOWN MANAGER OR TOWN BOARD 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. E-signatures are acceptable if accompanied by a verifiable email from the signer.

Signature: _____ **Date:** _____

This application for employment will remain active for 90 days.