



# Town of Johnstown

## Application for Employment

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection be based on job-related factors.

### PERSONAL DATA

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**, except for signature on back of application. 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.

Job Applied for:	Date:
------------------	-------

What type of employment are you seeking?  Full-time  Part-time  Temporary

When could you start work? \_\_\_\_\_

Last Name:	First Name:	Middle Name:	E-mail Address:
------------	-------------	--------------	-----------------

Home Phone:	Cell Phone:	Business Phone:
-------------	-------------	-----------------

Present Street Address:	City:	State:	Zip Code:
-------------------------	-------	--------	-----------

Are you 18 years of age or older? .....  Yes  No

SSN (optional) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ If hired, can you furnish proof you are eligible to work in the U.S.?  Yes  No

Have you ever applied here before?  Yes  No If yes, when? \_\_\_\_\_

Were you ever employed here?  Yes  No If yes, when? \_\_\_\_\_

Do you have a valid driver's license? .....  Yes  No

Driver License # \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed In \_\_\_\_\_

The Community That Cares

[www.TownofJohnstown.com](http://www.TownofJohnstown.com)

P: 970.587.4664 | 450 S. Parish Ave, Johnstown CO | F: 970.587.0141

**WORK HISTORY**

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give name and supply business references. **Note:** A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer:		Job Title:	
Address:		Dates of Employment: (MO/YR) From:                      To:	
City, State, Zip Code:		Pay: Start \$:                      Final \$:	
Supervisor(s):	Telephone:	Reason for Leaving:	
Duties:			

\* If currently employed, may we contact your employer?    Yes    No

Name of Employer:		Job Title:	
Address:		Dates of Employment: (MO/YR) From:                      To:	
City, State, Zip Code:		Pay: Start \$:                      Final \$:	
Supervisor(s):	Telephone:	Reason for Leaving:	
Duties:			

Name of Employer:		Job Title:	
Address:		Dates of Employment: (MO/YR) From:                      To:	
City, State, Zip Code:		Pay: Start \$:                      Final \$:	
Supervisor(s):	Telephone:	Reason for Leaving:	
Duties:			

**EDUCATION AND TRAINING**High School or GED:  Yes  No Name/Location of High School: \_\_\_\_\_1. College/University and Location: \_\_\_\_\_ Did you graduate?  Yes  No

If yes, Major and Type of Degree Earned: \_\_\_\_\_

2. College/University and Location: \_\_\_\_\_ Did you graduate?  Yes  No

If yes, Major and Type of Degree Earned: \_\_\_\_\_

Vocational or Technical: \_\_\_\_\_

Have you worked or attended school under any other names?

If yes, give names: \_\_\_\_\_

What skills or additional training do you have that relate to the job for which you are applying?

What machines or equipment can you operate that relate to the job for which you are applying?

**REFERENCES**

Give three references, not relatives or former employers, having knowledge of your character, experience or ability.

Name:	Address:	Phone:	Relationship:
Name:	Address:	Phone:	Relationship:
Name:	Address:	Phone:	Relationship:

**PLEASE READ EACH STATEMENT 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 this 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. 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.

Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_