



TOWN OF NUCLA

EMPLOYMENT APPLICATION

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

Application information

Full name: _____ Date: _____
Last First M.I.

Address: _____ Phone: _____
Street address Apt/Unit #

_____ Email: _____
City State Zip Code

Date Available: _____ S.S. no: _____ Desired salary: \$ _____

Position applied for: _____

How did you hear about us? Advertisement Friend Relative Walk-In Employment Agency Other

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the U.S.? Yes No

Have you ever been employed with us before? Yes No If yes, when? _____

Are you related to any current Town of Nucla Employee? Yes No If yes, who & describe relationship? _____

Have you ever filed an application with us before? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain? _____

What date would you be available to work? _____

Are you available to work? Full Time Part Time Shift Work

Are you currently on "layoff" and subject to recall? Yes No

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

References

Please list three professional references.

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

| | |
|------------------|---------------------|
| Full name: _____ | Relationship: _____ |
| Company: _____ | Phone: _____ |
| Address: _____ | Email: _____ |

Military Service

| | | |
|---|--------------------------|-----------|
| Branch: _____ | From: _____ | To: _____ |
| Rank at discharge: _____ | Type of discharge: _____ | |
| If other than honorable, explain: _____ | | |

Application Form Waiver

All information contained in the application is subject to verification. The Town of Nucla will conduct background checks including, but not limited to, work references, driving records, criminal background records and educational attainment.

I understand an employment offer is contingent upon successful completion of a pre-employment alcohol drug test, review of work references, and result of background check.

I understand that specific positions at the Town of Nucla require proof of an acceptable driving record and that maintaining an acceptable driving record is a condition of continued employment.

I understand that my name, date of birth and social security number may be submitted to the Colorado Bureau of Investigation for a statewide criminal records check. I understand and agree that my final placement with the Town of Nucla may be conditional upon a determination that I have not been arrested or convicted for any crime against children, crime of violence, sexual crime. or any offense that would, in the judgment of the Mayor and Board of Trustees, make it inappropriate for me to have contact with youth or that would make it inappropriate for me to work in the position applied for. I hereby authorize the Town of Nucla to receive any criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency. I also understand that, in the event I am placed in a job which does serve youth, my name, date of birth and social security number will be submitted annually to state and local agencies to check for any criminal history record information pertaining to me, as a condition of my continued employment and that the finding of information determined to be inappropriate will result in my immediate dismissal or discharge.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

If employed, I agree to abide by all policies, regulations and guidelines established by the Town of Nucla.

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the Town of Nucla and may be cause for rejection of this application: removal of my name from eligibility lists, or discharge from Town service.

In addition, I give the Town of Nucla the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the Town of Nucla in providing relevant, job-related information that will assist in this process.

I understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with the Town of Nucla is of an "at will" nature, which means that the employee may resign at any time and the Town 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.

I have read and understand the "Application Form Waiver" and am acknowledging same by my signature hereafter.

| | |
|------------------|-------------|
| Signature: _____ | Date: _____ |
|------------------|-------------|