



TOWN OF BUENA VISTA EMPLOYMENT APPLICATION

PO Box 2002, Buena Vista, CO 81211 | 719-395-8643 | www.buenavistaco.gov

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

BASIC INFORMATION

Position Applied For:		Date of Application:	
How did you learn about this position?:	<input type="checkbox"/> Newspaper <input type="checkbox"/> Social Media <input type="checkbox"/> Town Website <input type="checkbox"/> Employment Website <input type="checkbox"/> Friend/Relative Other (describe):		

CONTACT INFORMATION

Applicant:			
	Last Name	First Name	Middle Initial
Address:			
	Street	City	State Zip
Email:			
Cell Phone:		Home Phone:	
Preferred contact method: <input type="checkbox"/> Email <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone Best time to contact you?:			

QUESTIONS

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever filed an application with the Town of Buena Vista before? If yes, give date(s): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been employed with the Town of Buena Vista before? If yes, give date(s): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do any of your friends or relatives work for the Town of Buena Vista? If yes, give name, relationship & location: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
May we contact your present employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date available to work: ____/____/____	What is your desired salary range? _____
Are you available to work: Full-time? <input type="checkbox"/> YES <input type="checkbox"/> NO Indicate 1st/2nd/3rd shift: _____	
Part-time? <input type="checkbox"/> YES <input type="checkbox"/> NO Indicate Morning/Afternoon/Evenings: _____	
Temporary? <input type="checkbox"/> YES <input type="checkbox"/> NO Indicate date(s) available: _____	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can you travel if a job requires it?	<input type="checkbox"/> YES <input type="checkbox"/> NO

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:		Dates Employed:	From:	To:
Address:				
Primary Phone:		Secondary Phone:		
Supervisor:		May we contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Job Title(s):				
Work Performed:				
Reason for Leaving:				
Employer:		Dates Employed:	From:	To:
Address:				
Primary Phone:		Secondary Phone:		
Supervisor:		May we contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Job Title(s):				
Work Performed:				
Reason for Leaving:				
Employer:		Dates Employed:	From:	To:
Address:				
Primary Phone:		Secondary Phone:		
Supervisor:		May we contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Job Title(s):				
Work Performed:				
Reason for Leaving:				
Employer:		Dates Employed:	From:	To:
Address:				
Primary Phone:		Secondary Phone:		
Supervisor:		May we contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Job Title(s):				
Work Performed:				
Reason for Leaving:				
Employer:		Dates Employed:	From:	To:
Address:				
Primary Phone:		Secondary Phone:		
Supervisor:		May we contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Job Title(s):				
Work Performed:				
Reason for Leaving:				
Explain any gaps in employment:				

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

TRAINING, SKILLS & ADDITIONAL INFORMATION

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States military:

List professional, trade business, or civic activities and offices held (*you may exclude membership which would reveal gender, race, religious, national origin, age, ancestry, disability or other protected status*):

Other Qualifications - Summarize special job-related skills and qualifications acquired from employment or other experience:

Specialized Skills: Spreadsheet PC/MAC Word Processing

Production/Mobile Machinery (list): _____

Other (list): _____

State any additional information you feel may be helpful to us in considering your application:

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given? YES NO

PERSONAL/PROFESSIONAL REFERENCES *(Do not include family members or past supervisors)*

Name	Phone Number	Best Time to Call	Occupation

APPLICANT'S STATEMENT

- I certify that answers given herein are true and complete.
- 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 such change is specifically acknowledged in writing by an authorized executive of this organization.
- 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.

Applicant Signature:		Date:	
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