

# EMPLOYMENT APPLICATION

Post Office Box 975, 100 Mikaela Way, Avon, CO 81620  
970-748-4000 (Town main line) or 970-748-4025 (Human Resources)



## INSTRUCTIONS FOR COMPLETING APPLICATION

- An application must be completed for each position you are applying.
- Answer each question fully and accurately. **PLEASE PRINT or TYPE**, except for signature on back of application.

None of the questions are intended to imply illegal preference or discrimination based upon non-job related information.

*The Town of Avon is dedicated to the principles of Equal Employment Opportunity in any term, condition, or privilege of employment.*

*The Town does not discriminate against applicants on the basis of age, race, sex, color, religion, gender, national origin, disability, sexual orientation, marital status or any other status protected by federal, state or local law.*

*Employment decisions are based on merit and business needs.*

## POSITION VACANCY INFORMATION

For what position are you applying? \_\_\_\_\_ Date of Application: \_\_\_\_\_  
(For *each* position you are applying, an application is required)

Referred By:  Town Website  Newspaper Advertisement  Other Website or Publication: \_\_\_\_\_  
 Walk-in  Friend  Relative  Town of Avon Employee: \_\_\_\_\_  
(Include name of Town employee)

## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

What type of employment are you seeking?  Full-Time  Part-Time Regular  Part-Time Seasonal

What date are you available to start work? \_\_\_\_\_

Are you at least 18 years old? (If you are hired, you may be required to submit proof of age.)  yes  no

Have you ever applied to the Town before?  yes  no If yes, when? \_\_\_\_\_

Have you been employed by the Town before?  yes  no If yes, when? \_\_\_\_\_

List any relatives employed by the Town or who are elected officials of the Town: \_\_\_\_\_

If currently employed, do you expect to engage in additional business or employment outside your Town of Avon position?  yes  no If yes, please explain:

Do you  speak,  read, or  write any language(s) other than English? Please list: \_\_\_\_\_

Are you prevented from becoming lawfully employed in this country due to Visa or Immigration status?  yes  no

Are you presently employed?  yes  no May we contact your current employer?  yes  no

If yes, whom do you suggest we contact? \_\_\_\_\_

Are you on a lay-off or subject to recall?  yes  no

Have you ever been fired from a job or asked to resign?  yes  no

If yes, please explain: \_\_\_\_\_

## SPECIAL SKILLS

What special skills, training, certifications, equipment operations, computer knowledge, or extracurricular activities (other than religion)? \_\_\_\_\_

---

**EDUCATION**

Check highest attained:  High School  College/University

Did you graduate?  yes  no

**Schools Attended High School,  
Colleges, Trade Schools**

**Location**

**Degree or Certificate  
Received**

Schools Attended High School, Colleges, Trade Schools	Location	Degree or Certificate Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

---

**DRIVER'S LICENSE**

Employees applying for positions requiring a Commercial Driver's License (CDL) will need to comply with Federal and State drug and alcohol testing requirements.

Do you have a valid driver's license?  yes  no Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State of Issue: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsements? \_\_\_\_\_ Restrictions? \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years?  yes  no

If yes, give details: \_\_\_\_\_

---

**EMPLOYMENT EXPERIENCE**

*Start with your present or recent job first*

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

---

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

---

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

---

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Work Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

---

**APPLIES TO TRANSIT EMPLOYEE ONLY**

Have you failed or refused a DOT pre-employment test in the last 24 months?  yes  no

If yes, give details: \_\_\_\_\_

---

**REFERENCES**

Give name, address, and telephone number of three people who are not related to you and are not previous employers, who you have known at least one year.

- 1.) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
2.) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
3.) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 

**AGREEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize The Town to conduct background investigation, reference checks or verification of application information it deems necessary in arriving at an employment decision. I understand that misrepresentation or omission of any information in the application process will be deemed grounds to reject my application or to terminate employment if already hired. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the Town of Avon.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_