

CITY OF LA JUNTA
PO BOX 489
La Junta, CO 81050
719-384-5991

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Personnel Department.

Name _____

Address _____

Telephone number _____ E-mail _____

Employment desired: Full-Time _____ Part-Time _____ Seasonal _____

Have you been convicted of a crime in the last 7 years? _____ If yes, please explain:

_____ Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

Driver's License or ID Number _____

Educational Background If job related List last 3 schools attended, starting with most recent.

School	Years Completed	Degree/Diploma	Major

References List name and telephone number of 3 business/work references who are not related to you and are not previous supervisors. If not applicable, list 3 school or personal references who are not related to you.

Name	Telephone	Years Known

POSITION APPLIED FOR _____

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in comments below.

Employer	Telephone	Dates Employed		Summarize the type of work Performed and job responsibilities
Address		From	To	
Job Title		Hourly Rate/Salary Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary Final		
May we contact for reference?		\$	Per	
Employer	Telephone	Dates Employed		Summarize the type of work Performed and job responsibilities
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Reason for Leaving		Hourly Rate/Salary Final		
May we contact for reference?		\$	Per	

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ___/___/___

