CITY OF CREEDE, COLORADO

Employment Application

We are an Equal Opportunity Employer

City of Creede City Promotes a Drug and Alcohol Free Workplace

Please mail or bring your completed application to: City of Creede Town Hall, 2223 N. Main

PO Box 457 Creede, CO 81130

- Do not change the format or layout of this form.
- Type application or print neatly.
- Answer all questions completely and sign the application and all other forms.
- Resumes may be attached but will not be accepted in lieu of a completed application.
- Read all information/disclaimers on this application.
- If you have any questions or need assistance, please contact the City Clerk at (719-)658-2276.
- Please use your full, legal name each time you submit an application.

of a co	of a completed application.							
Job Data								
Job Title:			Date you will be available for employment:					
Personal Data								
Name: L	Name: Last: Middle Initial:							
Address:								
City:		State: Zi		Zip:	Zip:			
Phone	Days:	Evenings:	Alternate:					
All applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S. Are you a U.S. citizen? Yes No If no, do you have the legal right to work in the U.S.? Please explain: Date of birth: Have you ever worked or volunteered for the City of Creede? Yes No								
If yes, plea	se give dates:				T			
Driver's L	Driver's License No. & State: Clas			Class: Exp			piration:	
Have you l	nad any traffic convictions or accidents	in the last thr	ee years? 🔲 Y	es 🗌 No)			
If yes, please list: Conviction or Accident Conviction or Accident Date Date								
Commercia	al Driver's License No. & State:		Class:	Endorse	ments:		Expiration:	
Have you been convicted of any crime? No If yes, please give details including dates, charges, and disposition. Convictions are not an absolute bar to employment. Consideration is given to the offense and its relationship to the position for which you are applying.								
Have you ever been discharged from a position or resigned to avoid being discharged? ☐ Yes ☐ No If yes, please explain:								

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Education Note: Complete this application in its entiring in lieu of a completed application.	rety; an incomplete ap	pplication will not b	e accepted. Resumes n	nay be attached but wi	ll not be accepted	
Did you graduate from high school or do you h	ave a G.E.D.?	Yes No No	High School Nar Location:	ne:		
Name of School, College(s) or University	Ma	jor	Credit Hours	Degree	Year*	
*Proof of degrees from an accredited College/University v		hire.				
or Other School(s) Attended	Name of Trade/Technical/Business or Other School(s) Attended Course of Study Diploma & Year					
or other behow(s) reterided		Course	c of Study	Diploma et Tear		
List license (date & number), professional regis	strations (date), o	certificates and	professional mem	berships:		
List honors, awards, fellowships:						
Skills Overview						
Approximate typing speed in words per minute	: :					
List computer software with which you are familiar:						
Fluent in a language other than English: Yes No	Language(s):		Speak:	Read:	Write:	
Please summarize relevant skills and experience that exemplify your qualifications for the above position:						
Tools and machines you can use and operate:						
Light or heavy motor vehicle equipment you can operate:						
Summarize volunteer services work including dates:						
Summarize leadership roles:						

Employment History Note: Complete this application in its entirety; an incomplete application will not be accepted. Resumes may be attached but will not be accepted in lieu of a completed application.						
Current or most recent of	Phone:					
Address: (street, city, st	ate)					
Your title:						
Employment dates	From (month/year):		To (month/year)			
Supervisor's name/title:	riom (month/year).		10 (month/year)	•		
Starting salary:		Present/Ending:		Hours per week:		
Work performed:				Hours per week.		
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Reason for leaving:						
May we contact this emp	oloyer if you are consider	red for the position? Yes	□ No			
Employer:				Phone:		
Address: (street, city, st	ate)					
Your title:						
Employment dates	Employment dates From (month/year): To (month/year):					
Supervisor's name/title:						
Starting salary:		Ending:		Hours per week:		
Work performed:						
Reason for leaving:						
May we contact this emp	oloyer if you are consider	red for the position? Yes	□ No			
Employer:				Phone:		
Address: (street, city, state)						
Your title:						
Employment dates From (month/year): To (month/year)			•			
Supervisor's name/title:						
Starting salary:		Ending:		Hours per week:		
Work performed:						
Reason for leaving:						
May we contact this employer if you are considered for the position? Yes No						

Military Service					
Have you ever served on active duty in the U.S. armed forces? Yes No					
Dates: From: To:					
Branch:					
Primary duties:					
Conditions of Consideration for Employment					
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All information contained on the application is subject to verification. The City of Creede may condubut not limited to, credit history, work references, driving records, criminal background records and e	Ç.				
I understand an employment offer is may be contingent upon successful completion of a pre-employment alcohol/drug test, any applicable medical examinations, review of work references, and result of a background check.					
I understand that specific positions at the City of Creede may require me to provide evidence of an ac	cceptable driving record.				
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 City of Cre	ede.				
When advised, reasonable accommodations will be made in order for an "otherwise qualified application in any phase of the recruitment process (Americans with Disabilities Act of 1991).	nt" with a disability to participate				
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 City of Creede 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 City of Creede 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 providing the City of Creede relevant, job related information that will assist in this process.					
I have read and understand the "Conditions of Consideration for Employment." Please acknowledge	by checking the box:				
☐ Yes ☐ No					
The state of the s					
Signature:	Date:				