



Town of Milliken  
 1101 Broad Street\* PO Box 290\* Milliken, CO 80543  
 Office 970-587-4331\* Fax 970-587-2678

## Application for Employment

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, disability, genetic information, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that section decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on the application until you have answered all questions. Use blank paper if you do not have enough room on the application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Position Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Print Name: \_\_\_\_\_  

Last
First
MI
Nick Name

Address: \_\_\_\_\_  

Street
City
State
Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date available for work: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal: \_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the United States?    Yes    No

Have you ever applied here before? Yes/No If yes, when? \_\_\_\_\_

Have you ever been employed by the Town?    Yes    No    If yes, Dates? \_\_\_\_\_

If employed, do you expect to be engaged in any additional business or employment outside of our job?    Yes    No    If yes, give details:

Are you 18 years or are you older? \_\_\_\_\_ (If you are hired, you may be required to submit proof of age.)

For Driving Jobs Only: Do you have a valid driver's license?    Yes    No

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years?    Yes    No    If yes, give details:

### Education and Training

Name of School or Program	Diploma, Degree or Certification Received	Subjects Studied

What skills or additional training do you have that relate to the job for which you are applying?

What machines or equipment can you operate that relate to the job for which you are applying?

**Employment History**

Most recent employer listed FIRST. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: *A job offer may be contingent upon acceptable references from current and former employers.*

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

Are you presently employed?    Yes    No    If yes, may we contact your employer?    Yes    No  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Have you ever been fired from a job or asked to resign?    Yes    No    If yes, please explain: \_\_\_\_\_

**References** Provide three references, excluding relatives.

Name	Occupation	Dates Known	Telephone

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NO GUARENTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE TOWN ADMINISTRATOR HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE TOWN ADMINISTRATOR AND THE EMPLOYEE. IF EMPLOYEED, I UNDERSTAND THAT I HVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application for employment will remain active for a limited time.