



FULL-TIME EMPLOYMENT APPLICATION FORM

Town of Akron, 245 Main Ave, PO Box P, Akron, CO 80720
admin@townofakron.com (970) 345-2624

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

(PLEASE PRINT AND FILL OUT BY HAND)

Position(s) Applied for _____	Wage/salary expected for this position _____	Date of Application _____
How Did You Learn About Us?		
Advertisement	Friend	Walk-In
Employment Agency	Relative	Other

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Email address

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Are you related to any current Town of Akron employee? Yes No
 If Yes, state who and describe your relationship _____

Are you able to be lawfully employed in this country? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Do you have any on-going obligations or other personal commitments that would affect your work schedule? Yes No

If Yes, please explain _____

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma or Degree Received
High School				
Undergraduate College or University				
Other (Specify)				

<u>Indicate any foreign languages you can speak, read and/or write</u>			
	FLUENT	GOOD	FAIR
<u>SPEAK</u>			
<u>READ</u>			
<u>WRITE</u>			

Describe any specialized training, apprenticeship, and skills which make you a good candidate for this job:

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

EMPLOYMENT 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. This section must be completed, even if resume is attached.

1. Employer	<u>Dates Employed</u>		WORK PERFORMED
Address	From	To	
Telephone Number(s)	<u>Hourly Rate/Salary</u>		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving (or wishing to leave if currently employed)			

2. Employer	<u>Dates Employed</u>		WORK PERFORMED
Address	From	To	
Telephone Number(s)	<u>Hourly Rate/Salary</u>		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			

3. Employer	<u>Dates Employed</u>		WORK PERFORMED
Address	From	To	
Telephone Number(s)	<u>Hourly Rate/Salary</u>		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			

4. Employer	<u>Dates Employed</u>		WORK PERFORMED
Address	From	To	
Telephone Number(s)	<u>Hourly Rate/Salary</u>		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION**Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills -- List skills/Equipment Operated

Computer Hardware/Software	Office Equipment	Other(list):

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

DO NOT ANSWER THE NEXT 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 description of the activities involved in such a job or occupation is attached. YES NO

References

1.	_____	_____
	(Name)	Phone #

	(Address)	
2.	_____	_____
	(Name)	Phone #

	(Address)	
3.	_____	_____
	(Name)	Phone #

	(Address)	

APPLICATION FORM WAIVER

All information contained in the application is subject to verification. The Town of Akron may conduct background checks including, but not limited to, work references, driving records, criminal background records and educational attainment.

I understand an employment offer is contingent upon successful completion of a pre-employment alcohol/drug test, review of work references, and result of background check.

I understand that specific positions at the Town of Akron require proof of an acceptable driving record and that maintaining an acceptable driving record is a condition of continued employment.

I understand that my name, date of birth and social security number may be submitted to the Colorado Bureau of Investigation for a statewide criminal records check. I hereby authorize the Town of Akron to receive any criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency. I understand that such information and documents may be used by the Town of Akron in determining eligibility for employment with the Town and I release and hold harmless the Town of Akron, its representatives and employees, and any other person, business, institution, or corporation which might release information or documents from any loss, damage, costs, or liability associated with this action.

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 Town of Akron.

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 Town of Akron 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 Town of Akron 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 assisting the Town of Akron in providing relevant, job related information that will assist in this process.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town of Akron is of an "at will" nature, which means that the employee may resign at any time and the Town 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 an authorized executive of this organization specifically acknowledges such change in writing.

The Town of Akron assures you that your opportunity for employment depends solely on your qualification to perform the job for which you are applying.

I have read and understand the "Application Form Waiver" and am acknowledging same by my dated signature hereafter.

Signature: _____ Date: _____