



# PART-TIME OR SEASONAL EMPLOYMENT APPLICATION FORM

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

**INSTRUCTIONS FOR COMPLETING APPLICATION**

- Answer each question fully and accurately. **PLEASE PRINT**, except for signature on back of application. None of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.
- The Town of Akron is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

**(PLEASE PRINT AND FILL OUT BY HAND)**

Last Name	First Name	Middle Name	Today's Date	
Present Mailing Address	City	State	Zip Code	Telephone Number

Job(s) Applied for \_\_\_\_\_ When could you start work? \_\_\_\_\_

Are you 16 years of age or older? (If you are hired, you will be required to submit proof of age.).....Yes                      No

Have you been employed by the Town before?    Yes        No        When? \_\_\_\_\_ Job Title \_\_\_\_\_

Please circle highest grade completed:                      9        10        11        12        13        14        15        16        17+

College Coursework / Major: \_\_\_\_\_

Please complete the following employment information as it relates to the position(s) for which you are applying, starting with your most recent employment. NOTE: We will contact current and former employers for references.

Name of Employer	Job Title
Employer Address	Employed From (mo/yr)    /                      To (mo/yr)    /
Duties	Ending Wage
Supervisor(s):	Supervisor's Phone #:
Name of Employer	Job Title
Employer Address	Employed From (mo/yr)    /                      To (mo/yr)    /
Duties	Ending Wage
Supervisor(s):	Supervisor's Phone #:
Name of Employer	Job Title
Employer Address	Employed From (mo/yr)    /                      To (mo/yr)    /
Duties	Ending Wage
Supervisor(s):	Supervisor's Phone #:

List certifications you possess that are required for the position(s) for which you are applying and their expiration dates. Also list any additional experience you have that you feel would help in evaluating your application:

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Please provide three work references besides your current or previous supervisors.

Name	Position & Company	Phone Number

**CRIMINAL BACKGROUND**

The Town of Akron may check on your criminal background as part of the application process. A conviction will not necessarily disqualify an applicant for employment. Each case will be given individual consideration based on job-relatedness of the criminal offense involved. However, your failure to answer truthfully may result in your not being hired or in your termination if you are hired. You may omit only a traffic offense for which the fine was less than \$100, a deferred judgement and sentence or deferred prosecution that was successfully completed, any criminal record that has been sealed or expunged by a court, and/or any juvenile record.

- Have you ever been convicted of any law violation (including DUI)? ..... Yes No  
(Include any plea of "guilty" or "no contest." Exclude minor traffic violations.)
- Are you currently facing a criminal charge of any kind?.....Yes No  
If yes, please provide the following information with respect to each pending charge:
  1. The crime for which you are accused; and
  2. The court in which such charges are pending.

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**DRIVER’S LICENSE** (for driving jobs only):

Do you have a valid driver's license? .....Yes No

**AFFIDAVIT, CONSENT AND RELEASE** (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 that I must immediately notify the Town Office of an address or telephone number change. I acknowledge that employment by the Town of Akron in any position requiring driving a motor vehicle is contingent upon my possession of a valid Colorado driver's license.

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

**NOTE: SMOKING AND/OR TOBACCO PRODUCTS ARE PROHIBITED IN ALL TOWN OF AKRON BUILDINGS, FACILITIES AND VEHICLES.**