



## APPLICATION FOR EMPLOYMENT

### Town of DeBeque

**P.O Box 60  
381 Minter Avenue  
DeBeque, CO 81630**

**970/283-5475 Telephone  
970/283-5205 Fax  
clerk@debeque.org**

Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_  
How did you learn about this position: \_\_\_\_\_

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.**

### APPLICANTS INFORMATION:

|   |             |             |          |
|---|-------------|-------------|----------|
| Last Name:                                | First Name: | Middle Int. |          |
| Street Address:                           | City        | State       | Zip Code |
| Mailing Address:(if different from above) | City        | State       | Zip Code |
| Email Address:                            |             |             |          |

### TELEPHONE NUMBERS:

|                  |                 |
|------------------|-----------------|
| Residence: _____ | Message: _____  |
| Cell: _____      | Business: _____ |

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

If hired, can you provide proof of your legal right to live and work in the U.S.? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying? ☐ Yes ☐ No

If no, please describe the functions or duties you are unable to perform

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Have you ever been employed with the Town of DeBeque? ☐ Yes ☐ No

If yes, give position and date \_\_\_\_\_



Do you have any friends or relatives employed with the Town of DeBeque?

☐ Yes ☐ No

If yes, give name and relationship \_\_\_\_\_

Are you currently employed?

☐ Yes ☐ No

May we contact your current employer?

☐ Yes ☐ No

Are you currently on lay-off status subject to recall?

☐ Yes ☐ No

Are you available to work: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal

On what date are you available to begin work: \_\_\_\_\_

Have you ever been convicted of a felony?

If yes, please explain

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(A conviction will not necessarily disqualify an applicant from the position applied for.)

#### DRIVERS LICENSE:

Do you have a valid driver's license?

☐ Yes ☐ No

If Yes, Please give number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Class Type \_\_\_\_\_ Endorsements \_\_\_\_\_

#### EDUCATION:

|                                     | School Name and Location | Years Completed | Diploma/<br>Degree/<br>Certification | Course of Study |
|-------------------------------------|--------------------------|-----------------|--------------------------------------|-----------------|
| High School                         |                          |                 |                                      |                 |
| Undergraduate<br>College/University |                          |                 |                                      |                 |
| Graduate/<br>Professional<br>School |                          |                 |                                      |                 |
| Trade/<br>Technical School          |                          |                 |                                      |                 |

**EMPLOYMENT EXPERIENCE:**

Please start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations indicting race, color, religion, gender, national origin, handicap or other protected status. (Attach additional sheets if necessary or resume.)

|                     |  |
|---------------------|--|
| Employer:           | Supervisor:                            |
| Address:            | Dates Employed:<br>From:_____ To:_____ |
| Telephone Number:   |  |
| Job Title:          |  |
| Duties:             |  |
| Reason for Leaving: |  |

|                     |  |
|---------------------|--|
| Employer:           | Supervisor:                            |
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| Telephone Number:   |  |
| Job Title:          |  |
| Duties:             |  |
| Reason for Leaving: |  |

|                   |  |
|-------------------|--|
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| Telephone Number: |  |



|                     |  |
|---------------------|--|
| Job Title:          |  |
| Duties:             |  |
| Reason for Leaving: |  |

Please explain any gaps in employment history.

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**SPECIAL SKILL AND QUALIFICATIONS:**

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

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**REFERENCES:**

Please do NOT list employers or relatives. (Attach additional sheets if necessary.)

| Name | Address | Daytime Phone# |
|------|---------|----------------|
|      |         |                |
|      |         |                |
|      |         |                |

In addition to this application, the applicant has provided a:

- ☐ Resume  
☐ Cover Letter