

# APPLICATION FOR EMPLOYMENT



**Town of Pagosa Springs**  
**551 Hot Springs Boulevard - PO Box 1859**  
**Pagosa Springs, Colorado 81147**  
**Ph 970.264.4151 Fax 970.264.4634**  
**www.townofpagosasprings.com**

IT IS THE POLICY OF THE TOWN OF PAGOSA SPRINGS TO ENSURE EQUAL EMPLOYMENT OPPORTUNITY REGARDLESS OF A PERSON'S RACE, RELIGION, COLOR, CREED, NATIONAL ORIGIN, SEX, MARITAL STATUS, OR AGE; AND TO PERSONS WITH DISABILITIES WHO ARE QUALIFIED TO PERFORM THE ESSENTIAL FUNCTIONS OF A POSITION OF TOWN EMPLOYMENT EITHER WITH OR WITH OUT REASONABLE ACCOMMODATION.

APPLICATIONS ARE REQUIRED FOR ALL TOWN OF PAGOSA SPRINGS POSITION OPENINGS AND MUST BE FILLED OUT COMPLETELY AND ACCURATELY. RESUMES AND COVER LETTERS MAY BE ATTACHED TO JOB APPLICATIONS. JOB DESCRIPTIONS ARE AVAILABLE FOR EVERY JOB ADVERTISED BY THE TOWN.

## POSITION

POSITION DESIRED			SALARY EXPECTED/YR. \$	DATE AVAILABLE TO START
FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	SEASONAL <input type="checkbox"/>	LANGUAGES SPOKEN BESIDES ENGLISH	
SPECIAL SKILLS				

## PERSONAL

NAME (LAST, FIRST, MIDDLE)			TODAY'S DATE	
CURRENT ADDRESS (STREET, CITY, STATE, ZIP)				HOW LONG?
PREVIOUS ADDRESS IF LESS THAN TWO YEARS (STREET, CITY, STATE, ZIP)				HOW LONG?
HOME PHONE	WORK PHONE	E-MAIL		

## ELIGIBILITY

HAVE YOU EVER WORKED FOR THE TOWN OF PAGOSA SPRINGS? Yes <input type="checkbox"/> No <input type="checkbox"/>		DATE OF EMPLOYMENT	
ARE YOU A US CITIZEN? Yes <input type="checkbox"/> No <input type="checkbox"/>		IF NOT, DO YOU HAVE A LEGAL RIGHT TO PERMANENT EMPLOYMENT IN THE US? Yes <input type="checkbox"/> No <input type="checkbox"/>	
DO YOU HAVE RELATIVES CURRENTLY EMPLOYED BY THE TOWN OF PAGOSA SPRINGS? Yes <input type="checkbox"/> No <input type="checkbox"/>		POSITION OF RELATIVE	
WITHIN THE PAST FIFTEEN (15) YEARS, HAVE YOU EVER PLEAD GUILTY TO, RECEIVED A DEFERRED SENTENCE, OR BEEN CONVICTED OF A FELONY OFFENSE? Yes <input type="checkbox"/> No <input type="checkbox"/> (IF YES, PLEASE EXPLAIN, YOU MAY ATTACH ADDITIONAL PAGES IF NECESSARY)			
DO YOU HAVE A VALID DRIVER'S LICENSE? Yes <input type="checkbox"/> No <input type="checkbox"/>	STATE	DRIVER'S LICENSE #, EXPIRATION DATE, AND TYPE	

## EDUCATION

HIGH SCHOOL (NAME)	CITY/STATE	GRADUATE? Yes <input type="checkbox"/> No <input type="checkbox"/>	COURSE OF STUDY
COLLEGE (NAME)	CITY/STATE	GRADUATE? Yes <input type="checkbox"/> No <input type="checkbox"/>	COURSE OF STUDY
OTHER (NAME)	CITY/STATE	GRADUATE? Yes <input type="checkbox"/> No <input type="checkbox"/>	COURSE OF STUDY
OTHER (NAME)	CITY/STATE	GRADUATE? Yes <input type="checkbox"/> No <input type="checkbox"/>	COURSE OF STUDY

## MILITARY

EXPERIENCE? Yes <input type="checkbox"/> No <input type="checkbox"/>	BRANCH?	DATES OF SERVICE	RANK AT DISCHARGE
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**EMPLOYMENT RECORD**

CURRENT EMPLOYER/TYPE OF BUSINESS		PHONE	MAY WE CONTACT? Yes <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS (STREET, CITY, STATE, ZIP)		SUPERVISOR	
POSITION	EMPLOYMENT (FROM/TO)	SALARY (BEGINNING/FINAL)	
DUTIES			
REASON FOR LEAVING			

PREVIOUS EMPLOYER/TYPE OF BUSINESS		PHONE	MAY WE CONTACT? Yes <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS (STREET, CITY, STATE, ZIP)		SUPERVISOR	
POSITION	EMPLOYMENT DATES (FROM/TO)	SALARY (BEGINNING/FINAL)	
DUTIES			
REASON FOR LEAVING			

PREVIOUS EMPLOYER/TYPE OF BUSINESS		PHONE	MAY WE CONTACT? Yes <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS (STREET, CITY, STATE, ZIP)		SUPERVISOR	
POSITION	EMPLOYMENT DATES (FROM/TO)	SALARY (BEGINNING/FINAL)	
DUTIES			
REASON FOR LEAVING			

PREVIOUS EMPLOYER/TYPE OF BUSINESS		PHONE	MAY WE CONTACT? Yes <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS (STREET, CITY, STATE, ZIP)		SUPERVISOR	
POSITION	EMPLOYMENT DATES (FROM/TO)	SALARY (BEGINNING/FINAL)	
DUTIES			
REASON FOR LEAVING			

**REFERENCES**

NAME/RELATION	PHONE/E-MAIL	YEARS KNOWN
NAME/RELATION	PHONE/E-MAIL	YEARS KNOWN
NAME/RELATION	PHONE/E-MAIL	YEARS KNOWN

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW:

I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE AND CORRECT, AND THAT IF I AM EMPLOYED, ANY FALSEHOODS OR MISREPRESENTATIONS WILL BE GROUNDS FOR IMMEDIATE DISMISSAL. THE APPLICANT FURTHER AUTHORIZES THE TOWN OF PAGOSA SPRINGS TO VERIFY PREVIOUS EMPLOYMENT AND AGREES TO RELEASE THE TOWN FROM ANY LIABILITY, CLAIM, SUIT OR DEMAND WHICH APPLICANT MAY HAVE, EITHER NOW OR IN THE FUTURE, RELATED TO OR RESULTING FROM SUCH INVESTIGATIONS.

I UNDERSTAND THAT I WILL BE REQUIRED TO SUCCESSFULLY PASS A DRUG SCREENING EXAMINATION. I HEREBY CONSENT TO A PRE-EMPLOYMENT DRUG SCREEN AS A CONDITION OF EMPLOYMENT

**APPLICANT'S SIGNATURE**

**DATE**