



TOWN OF PLATTEVILLE

APPLICATION FOR EMPLOYMENT

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.

Application must be completed in full, you may attach a resume, but do not write "see resume". Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application.

Job Applied for _____ Today's Date _____

How did you hear about this position? _____ What date can you start? _____

Last Name	First Name	MI	Phone number/Cell number
Present Street Address	City	State	Zip Code

Are you 18 years of age or older? Yes No
(if you are hired, you may be required to submit proof of age)

Are you legally permitted to work in the United States.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any Misdemeanor or Felony? Include any plea of "guilty" or "no contest." (exclude minor traffic violations) Yes No
If yes, give details _____
(a conviction will not necessarily disqualify an applicant for employment)

Do you have a valid driver's license? Yes No
Driver's License Number _____ Class of License _____ State Licensed In _____

List all traffic violations/accidents in the last 3 years? _____

Has your license ever been suspended or revoked. Yes No

If yes, please provide dates of revocation or suspension and explain why: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status). _____

LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			
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 are you applying? _____			
Can you speak both English and Spanish? _____ Can you write both English and Spanish? _____			
LICENSES AND CERTIFICATIONS: Professional/Trade: _____ Level: _____ Expires: _____			

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give name and supply business references. **Note:** A job offer may be contingent upon acceptable references from current and former employers, please let us know if you do not want us to contact an employer. Please use a blank sheet of white paper if you need more room.

Name of Employer		Job Title and Duties
Address		Dates of Employment (MO/YR) From: _____ To: _____
City, State, Zip Code		Pay: Start \$ _____ Final \$ _____
Supervisor(s)	Telephone	Reason for Leaving

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Have you worked or attended school under any other names? Yes No
 If yes, give names: _____

Are you presently employed? Yes No
 If yes, whom do you suggest we contact? _____

Give three references, not relatives, familiar with your **work** ability:

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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 drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-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 NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE 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 _____

APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. As an affirmative action employer under E.O. 11246 we invite all applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

PLEASE PRINT

Name _____ Date _____
Last First Middle

Position applied for (*list only one*) _____

Where did you hear about this job? _____

Racial origin (you may mark one or more of the following):

- White** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Ethnicity:

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Sex: Male Female

Signature: _____

EMERGENCY INSTRUCTIONS

In case of emergency contact:

NAME

PHONE NUMBER

CITY/STATE

Are there any other emergency instructions, circumstances, medical needs, allergic responses or procedures the company should know?

TOWN OF PLATTEVILLE
RELEASE OF INFORMATION AGREEMENT

Name: _____
 Last **First** **Middle**

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Platteville Town Hall. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Platteville Police Department bearing this release to obtain any information in your files pertaining to my employment records, excluding medical records, and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records or any part thereof concerning myself by and to any duly authorized agent of the Platteville Police Department whether such records are public, private or confidential in nature. The intent of this authorization is to provide full and free access to the background investigation that may provide pertinent data for the Platteville Town Hall to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal record, including all arrest records, any information contained in the investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys of law, or other counsel whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest: attendance records, polygraph examinations, and any internal affairs investigations and discipline, including files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability damage pursuant to any state or federal laws. I hereby release, you, as custodian of such records, and all other officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Platteville Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement agency requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Platteville Police Department's acceptance and processing of my application for employment, I agree to hold the officers, its agents and employees harmless from any and all claims and liability associated with my application or in any way connected with the decision whether or not to employ me with the Town of Platteville. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, my rights under Colorado revised Statutes 24-72-201, and 24072-301, the Open Records Act; and my rights under the State Open records Acts, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Platteville Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original therefore, even though said photocopy or FAX does not contain an original writing of my signature.

This waiver is valid for a period of six months (180 days) from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address or phone number listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and its agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

Signature of Applicant

Date

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____