

CITY OF WRAY

Employment Application



APPLICANT INFORMATION						
Last Name	First	M.I.	Date of Birth			
Aliases/Other Names Used and Dates Used						
Street Address		Apartment/Unit #				
City		State ZIP				
Phone		E-mail Address				
Date Available		Social Security No.	Desired Salary			
Position Applied for						
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
EDUCATION						
High School		Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College		Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other		Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			
Describe job related training received			

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()

PREVIOUS EMPLOYMENT

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DISCLAIMER / CONSENT / SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also understand that I am required to abide by all rules and regulations of the employer.

Consent for Background Check:

I hereby authorize the City of Wray or any subpart thereof to obtain a records check and consumer credit report, more commonly known as a background check, from the Colorado Bureau of Investigation (<https://www.cbirecordscheck.com>) or other like organizations. I understand that this information obtained will not be used to discriminate in violation of said laws. If adverse employment action is taken on the basis of the information gathered, I understand I will be so advised.

Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Interview Date _____

Remarks _____

Employment Date _____ Pay Rate _____

Job Title _____ Department _____

Certification
required _____

By _____

NAME/TITLE _____

DATE _____