



**APPLICATION FOR EMPLOYMENT
CITY OF OURAY**

PO Box 468
Ouray, Colorado 81427
Telephone: (970) 325-7062 FAX: (970) 325-7212
Email: hr@cityofouray.com

An Equal Employment Opportunity Employer

GENERAL INFORMATION

Please TYPE or PRINT all requested information in dark ink.

Position(s) for which you are applying:		May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Are you legally entitled to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name (First, Middle, Last):			
Street Address or PO Box:	City:	State:	Zip Code:
Home/Cell Telephone Number: () ()	Daytime Telephone Number: () ()	Are you or have you ever been known by any other first or last name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail Address:	If "Yes, list all variations:		

EDUCATION

Do you meet the education requirements for the position(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
High School or GED. Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate the name and location of the last high school you attended.	
If "No" indicate the highest grade completed:	City and State:	
Name and Location (City/State) of College/University	Major/Minor	Type of Degree
1)		
2)		
3)		

WORK EXPERIENCE

Complete the requested information for your current or most recent position in the first section and work backwards, providing information for all positions you have held for at least the last ten years (not just the ones you feel are applicable to this position). Please attach additional sheets if necessary.

Name of Employer/Organization:		Mailing Address (Include Street/PO Box, City, State, Zip Code):	
Employed From (Month/Year):	Ending Salary: \$	Position Title:	
Employed To (Month/Year):	Starting Salary: \$		
Name of Immediate Supervisor:	Supervisor's Telephone Number:	Average # of hours worked per week:	
Reason for Leaving:			
Duties/Responsibilities:			

Name of Employer/Organization:		Mailing Address (Include Street/PO Box, City, State, Zip Code):	
Employed From (Month/Year):	Ending Salary: \$	Position Title:	
Employed To (Month/Year):	Starting Salary: \$		
Name of Immediate Supervisor:	Supervisor's Telephone Number:	Average # of hours worked per week:	
Reason for Leaving:			
Duties/Responsibilities:			

Name of Employer/Organization:		Mailing Address (Include Street/PO Box, City, State, Zip Code):	
Employed From (Month/Year):	Ending Salary: \$	Position Title:	
Employed To (Month/Year):	Starting Salary: \$		
Name of Immediate Supervisor:	Supervisor's Telephone Number:	Average # of hours worked per week:	
Reason for Leaving:			
Duties/Responsibilities:			

SKILLS AND QUALIFICATIONS

Some positions have a minimum age requirement, certification requirements, and specific equipment operation skills. Please refer to the job announcement for any Necessary Special Requirements for the position(s) you are applying for.

Are you able to meet the requirements of the Job Description for which you are applying? Yes No

Do you meet the minimum age requirement for the position(s) for which you are applying? Yes No

Do you have the necessary experience operating equipment as specified in the job announcements(s)? Yes No

Please list equipment you have operated pertaining to the position(s) you are applying for:

After reviewing the job announcements(s), please list any days/times you are not available to work on a regular basis?

Do you have the necessary certifications required by the positions(s) you are applying for? Yes No

Please list certification information below:

Certification Type	Number	Issued By	Issue Date	Expiration Date

Administrative Skills (please check the boxes if you have these skills): 10-Key Typing _____ WPM

Please list any types of software you are proficient in:

Driver's License: Yes No State: _____ Number: _____ Expires: _____

Commercial Driver's License: Yes No State: _____ Number: _____ Expires: _____

Please explain any other information regarding how you qualify for the position(s):

ADDITIONAL INFORMATION

Other than listed in the "Work Experience" blocks on the previous page, were you ever employed by the City of Ouray? Yes No
If "Yes," list the dates and positions held:

Please list all City of Ouray positions you have applied for within the past three years:

List all names of relatives now employed by the City of Ouray and your relationship:

Other than minor traffic offenses, have you ever been convicted of a crime or entered a plea of "guilty" or "no contest" to a crime? Yes No

If "Yes," you must describe (1) date of offense, (2) original charge or nature of offense, (3) name of jurisdiction in which offense occurred, (4) name of court in which sentencing occurred, and (5) disposition.

The existence of a criminal record does not constitute an automatic rejection of employment.

Have you ever been asked to leave a job involuntarily or through mutual agreement? Yes No
Have you ever been fired from a job? Yes No
Have you ever quit after being told you would be fired? Yes No
Any issues with your current or past employers? Yes No

If you have checked "Yes" to any of these questions, please explain:

Were you ever put on inactive status for cause, or subjected to disciplinary action (including but not limited to reprimand, suspension or demotion) while with any employer or organization? Yes No

If you have checked "Yes", please explain:

Have you included all positions you have held within the past 10 years on this application? Yes No

If "No" return to that section and complete in entirety or if space is not available, provide the requested information as an attachment.

REFERENCES

List those individuals who have known you for at least one year (not relatives or supervisors) and who know your qualifications and fitness for the job.

Full Name of Reference 1:	Telephone Number: ()
Full Name of Reference 2:	Telephone Number: ()
Full Name of Reference 3:	Telephone Number: ()

SIGNATURE, CERTIFICATION AND RELEASE OF INFORMATION

I certify that the information in this application, supplement and all attachments is true and complete. I understand that false statements, misrepresentations or omissions of information in this application, supplement, attachments, or other City of Ouray applications or forms, may result in rejection of this application, removal from an eligibility list, or other disciplinary action. The City of Ouray is expressly authorized to investigate all statements contained in this application, supplement or attachments. I consent to the release of information about my ability and fitness for employment by current and previous employers, schools, law enforcement agencies, and other individuals and organizations to investigators, recruiters, and other authorized employees of the City of Ouray. Further, I understand that employment by the City of Ouray is conditioned upon the successful completion of an investigation into my background. I hereby authorize the City of Ouray to conduct such background investigation, including criminal and driving records check, if applicable. I understand and agree that this background investigation also may include written evaluations, oral boards, Computer Voice Stress Analyzer (CVSA) or polygraph, psychological examination, medical examination, drug screen, agility or skill evaluation and other appropriate investigations. I understand I may be disqualified from further consideration should I fail any of the testing or background processes. In the event that the City of Ouray employs me, I agree to comply with all ordinances, rules and regulations. Further, I understand and agree that my employment by the City of Ouray does not grant me any right of continued employment, and the personnel merit system used by the City of Ouray does not establish or create a contract of employment, either express or implied, between the City of Ouray and me.

Signature:	Date Signed (Month/Day/Year):
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