



102 East Parmenter Street  
Lamar, CO 81052  
Phone No.: 719-336-4376  
FAX No.: 719-336-1363

**March 30, 2017**

Dear Applicant:

In accordance with the Drug-Free Workplace Act of 1988, the City of Lamar has established a Drug-Free Workplace companywide policy.

It is our policy to maintain a work environment that is safe for all employees and conducive to attaining high work standards.

Therefore, if an offer of employment is made, hiring is contingent upon the applicant pass a urine drug test.

Thank you for applying with the City of Lamar.

Sincerely,

*Margaret Saldaña*

Margaret Saldaña  
Human Resources Manager

# APPLICATION FOR EMPLOYMENT

## An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information 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 are based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time  Part-time  Temporary  employment?

When could you start work? \_\_\_\_\_

## GENERAL

\_\_\_\_\_  
Last Name First Name Middle Name Telephone 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.)

If hired, you will be required to furnish proof of your eligibility to work in the U.S.

Have you ever applied to the City of Lamar before? Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed by the City of Lamar? Yes  No  If yes, when? \_\_\_\_\_

If employed, do you expect to be engaged in any additional business or employment outside of our job? . . . . . Yes  No

If yes, give details \_\_\_\_\_

# EDUCATION

List Name and Address of Schools		Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED			
College or University			
Subjects Studied			
Vocational or Technical			
Subjects Studied			

# SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? \_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying? \_\_\_\_\_

For Jobs Requiring Driving: Do you have a valid driver's license? . . . . . Yes  No

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed In \_\_\_\_\_

Do you have a Commercial Drivers License? \_\_\_\_\_ Yes  No

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed In \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years? . . . . . Yes  No

If yes, give details: \_\_\_\_\_

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, genetic information or other protected status.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# WORK HISTORY

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 firm name and supply business references.

**Note: A job offer may be contingent upon acceptable references from current and former employers.**

Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
Title	Duties				Supervisor(s)
Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
Title	Duties				Supervisor(s)
Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
Title	Duties				Supervisor(s)
Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
Title	Duties				Supervisor(s)

# REFERENCES

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? \_\_\_\_\_

Have you ever been fired from a job or asked to resign? . . . . . Yes  No

If yes, please explain: \_\_\_\_\_

Give three references, not relatives or former employers.

Name	Address	Phone

## AFFIDAVIT, CONSENT AND RELEASE

### 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. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. 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: \_\_\_\_\_

This application for employment will remain active for a limited time.  
Ask the organization's representative for details.

**CITY OF LAMAR**

**REFERENCE CHECKS**

**Reference Check Waiver Form**

To the prospective employee: Please read this document carefully. If you agree to the statements, terms and conditions set forth herein, please initial each paragraph where indicated and sign and date the form at the bottom.

**A. Verification of Accuracy of Statements Made in Employment Application:**

I hereby certify the information provided in my employment application dated \_\_\_\_\_, \_\_\_\_\_ (and any resume or other materials submitted by me in connection with my effort to obtain employment with the **City of Lamar**) is true, complete and accurate: and I understand that any false or misleading information or significant omissions may disqualify me from any further consideration for employment with the **City of Lamar** or could be justification for dismissal from employment, if discovered at any point after I have been hired or offered employment.

Applicant's Initials \_\_\_\_\_

**B. Release of Claims Against Providers of References and/or Other Employment Related Information:**

With the exception of contacting my current employer (discussed below), I fully authorize the investigation and verification of any statement made by me in my employment application dated \_\_\_\_\_, \_\_\_\_\_ (and any resume or other materials submitted by me in connection with my effort to obtain employment with the **City of Lamar**). I expressly authorize you to contact all listed past employers and/or references. I further authorize any person, school, past employer or other person, organization or entity listed in my application, and any resume or other materials submitted by me to provide the **City of Lamar** with any information requested that may be relevant and useful to the **City of Lamar** in making a hiring decision. **I expressly release any such persons, organizations, or entities from any and all legal liability for making disclosure or any information about me, which it is permitted, by law to release.**

Applicant's Initials \_\_\_\_\_

**C. Contact With Current Employer:**

I DO \_\_\_\_/DO NOT \_\_\_\_ authorize you to contact my current employer. If and only if, I have authorized you to contact my current employer, I agree that the terms set forth in paragraph B also apply to my current employer.

Applicant's Initials \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_