

EMPLOYMENT APPLICATION

Post Office Box 975, 100 Mikaela Way, Avon, CO 81620
jobs@avon.org or 970-748-4025 (Human Resources)



INSTRUCTIONS FOR COMPLETING APPLICATION

- An application must be completed for each position you are applying.
- Answer each question fully and accurately. **PLEASE PRINT or TYPE**, except for signature on back of application.

None of the questions are intended to imply illegal preference or discrimination based upon non-job related information.

*The Town of Avon is dedicated to the principles of Equal Employment Opportunity
in any term, condition, or privilege of employment.*

*The Town does not discriminate against applicants on the basis of age, race, sex, color, religion, gender, national origin,
disability, sexual orientation, marital status or any other status protected by federal, state or local law.*

Employment decisions are based on merit and business needs.

POSITION VACANCY INFORMATION

For what position are you applying? _____ Date of Application: _____

(An application is required for each position you are applying.)

Referred By: Town Website Newspaper Advertisement Other Website or Publication: _____
Walk-in Friend Relative Town of Avon Employee: _____
(Include name of Town employee)

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ E-mail Address: _____

What type of employment are you seeking? Full-Time Part-Time Regular Part-Time Seasonal

What date are you available to start work? _____

Are you at least 18 years old? (If you are hired, you may be required to submit proof of age.) yes no

Have you ever applied to the Town before? yes no If yes, when? _____

Have you been employed by the Town before? yes no If yes, when? _____

List any relatives employed by the Town or who are elected officials of the Town: _____

If currently employed, do you expect to engage in additional business or employment outside your position at the Town of Avon? yes no If yes, please explain: _____

Do you speak, read, or write any language(s) other than English? Please list: _____

Are you prevented from becoming lawfully employed in this country due to Visa or Immigration status? yes no

Are you presently employed? yes no May we contact your current employer? yes no
If yes, whom do you suggest we contact? _____

Are you on a lay-off or subject to recall? yes no

Have you ever been fired from a job or asked to resign? yes no
If yes, please explain: _____

SPECIAL SKILLS

What special skills, training, certifications, equipment operations, computer knowledge, or extracurricular activities (other than religion)? _____

EDUCATION

Check highest attained: High School College/University Did you graduate? yes no

Schools Attended High School, Colleges, Trade Schools	Location	Degree or Certificate Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

DRIVER'S LICENSE

Employees applying for positions requiring a Commercial Driver's License (CDL) will need to comply with Federal and State drug and alcohol testing requirements.

Do you have a valid driver's license? yes no Number: _____ Expiration Date: _____

State of Issue: _____ Class: _____ Endorsements? _____ Restrictions? _____

Have you had your driver's license suspended or revoked in the last 3 years? yes no

If yes, give details: _____

EMPLOYMENT EXPERIENCE

Start with your present or recent job first

Name of Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Job Title: _____ Supervisor: _____ Dates of Employment _____ - _____

Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Job Title: _____ Supervisor: _____ Dates of Employment _____ - _____

Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Job Title: _____ Supervisor: _____ Dates of Employment _____ - _____

Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____ Phone Number: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Job Title: _____ Supervisor: _____ Dates of Employment _____ - _____
Responsibilities: _____

Reason for Leaving: _____

APPLIES TO TRANSIT EMPLOYEE ONLY

Have you failed or refused a DOT pre-employment test in the last 24 months? yes no

If yes, give details: _____

REFERENCES

Give name, address, and telephone number of three people who are not related to you and are not previous employers, who you have known at least one year.

- 1) Name: _____ Address: _____ Phone Number: _____
2) Name: _____ Address: _____ Phone Number: _____
3) Name: _____ Address: _____ Phone Number: _____
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AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize The Town to conduct background investigation, reference checks or verification of application information it deems necessary in arriving at an employment decision. I understand that misrepresentation or omission of any information in the application process will be deemed grounds to reject my application or to terminate employment if already hired. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the Town of Avon.

Signature of applicant: _____ Date: _____