



City of Cañon City
 P.O. Box 1460
 128 Main Street
 Cañon City, CO 81215
 Fax 719-269-9017

EMPLOYMENT APPLICATION

The City of Cañon City is an Equal Opportunity Employer. Qualified applicants will receive consideration without discrimination regarding race, color, religion, national origin or ancestry, gender, sexual orientation, age, marital or military status or disability.

Date: _____ Position you are applying for: _____

General Information:

- Only applications for current job openings will be accepted and retained.
- Complete all sections of this application form. False or misleading information made during the interview and/or on this application form may be reason for termination.
- Please notify the person that gave you the application form if you need any assistance in filling out the application form or have questions regarding the employment process. Every effort will be made to accommodate your needs in a reasonable amount of time.
- Parts of this application may be public record and may be released with or without the consent of the applicant.

PERSONAL INFORMATION Please type or print

Last Name: _____ First Name: _____ M.I. _____

Address: _____
 Street/Box # _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

EMPLOYMENT DESIRED & AVAILABILITY

Date you can start: _____ Is the posted salary acceptable? Yes No

If no: Minimum salary requirement: _____

If hired, are you able to furnish proof that you are eligible to work in the U.S.?: Yes No

Are you willing to work (check all that apply):

Full-time Part-time Temporary Weekends Evenings Overtime

How do you find out about this opening? Newspaper Ad City Web Page Other Internet

State Unemployment Office Walked In Other

EMPLOYMENT HISTORY:

Are you currently employed? Yes No If so, may we inquire of your present employer? Yes No

If not, please be advised that the City of Cañon City may wish to contact your current employer prior to making any employment offer.

Have you ever worked for the City before? Yes No What Dept.? _____ Dates? _____

Do you have any relatives currently working for the City? Yes No

If Yes, who and what Department? _____

FORMER EMPLOYERS: (Begin with your most recent employer) Do not write "see resume"

Company:		City/State:		Phone:	
Dates Employed:	From:	To:	Salary:	per	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
<u>Job Title:</u>		<u>Name/Title of Supervisor:</u>			
Duties:					
Reason for leaving or wanting to leave:					

Company:		City/State:		Phone:	
Dates Employed:	From:	To:	Salary:	per	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
<u>Job Title:</u>		<u>Name/Title of Supervisor:</u>			
Duties:					
Reason for leaving or wanting to leave:					

Company:		City/State:		Phone:	
Dates Employed:	From:	To:	Salary:	per	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
<u>Job Title:</u>		<u>Name/Title of Supervisor:</u>			
Duties:					
Reason for leaving or wanting to leave:					

REFERENCES: (Include only individuals familiar with your work ability. Exclude relatives)

Name	Address	Phone	Years Known	Relationship

EDUCATION

High School Name and Location:	Do you have a Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	Or a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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	Name & Location:	Number of Yrs. Completed:	Degree/Major/Minor:
College			
Graduate School			
Trade, Business, or Correspondence School			

JOB RELATED SKILLS: (Complete only those sections which are job related)

List skills, licenses, certificates, or training:		
List Language(s) in which you are fluent:		
Drivers License #	State:	Class:
Do you have a Commercial Drivers License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class/End:
Do you have any driving violations in the past five (5) years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:		
Have you been convicted of a felony:**		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:		

** You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

RELEASE AND AUTHORIZATION—PLEASE READ CAREFULLY BEFORE SIGNING

Please check all boxes before signing:

I certify that I have read and understand the application instructions on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I authorize the City of Cañon City and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing the information.

I also understand that the use of illegal drugs is prohibited during my employment. If the City of Cañon City requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I acknowledge that all employment with the City of Cañon City is AT-WILL and of an indefinite duration, and that either the employee or the City may separate employment at any time, with or without notice, and for any reason.

Date: _____ Signature: _____

Please mail or deliver completed application to:
 City of Cañon City/Human Resources Department
 P.O. Box 1460/128 Main Street
 Cañon City, CO 81215-1460
 Fax 719-269-9017

This document may be filled in electronically, but cannot be submitted electronically. Completed and signed applications must be delivered by hand, postal mail, or faxed.

VOLUNTARY SELF-IDENTIFICATION

The City of Cañon City is required to provide the Equal Employment Opportunity Commission (EEOC) information on ethnicity and gender. The City of Cañon City does not discriminate against an employee or applicant for employment with regard to ethnicity, religion, national origin or ancestry, gender, age, marital or military status or disability.

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: _____

Position applied for: _____

Gender: Male Female

Race/Ethnicity:

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - 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.
- American Indian or Alaska Native (Not Hispanic or Latino)** – 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.
- Two or more Races/Ethnicities (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

Signature: _____ Date: _____

ONLY LAW ENFORCEMENT APPLICANTS MUST COMPLETE THE FOLLOWING:

Name: _____ Gender: _____

Social Security Number: _____

AKA's: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____

Date of Colorado P.O.S.T certification: _____

Last five (5) Addresses:

Street _____ City _____ ZIP _____

I request and authorize the City of Cañon City Police Department to complete a criminal history, driver history and National Register check on background for employment with the City of Cañon City. I certify the above information to be true and correct.

Date: _____ Signature: _____

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Human Resources Department
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