



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.

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.

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**Date:** \_\_\_\_\_ **Position you are applying for:** \_\_\_\_\_

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**PERSONAL INFORMATION:** Please type or print

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_  
 Street/Box # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**EMPLOYMENT DESIRED & AVAILABILITY**

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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 did you find out about this opening?  Newspaper Ad     City Web Page     Other Internet  
 State Unemployment Office     Walked In     Other

**EMPLOYMENT HISTORY:**

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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 \_\_\_\_\_  Yes    What  
 The City before?  No    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
Job Title:			Name/Title of Supervisor:		
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
Job Title:			Name/Title of Supervisor:		
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
Job Title:			Name/Title of Supervisor:		
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      Or a GED?  
Diploma?  Yes     Yes

	Name & Location:	Number of Yrs. Completed	Degree/Major/Minor:
College			
Graduate School			
Trade, Business, or Correspondence School			

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

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List skills, licenses, certificates, or training:		
List Language(s) in which you are fluent:		
Driver's License #	State:	Class:
Do you have a Commercial Driver's 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.

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**RELEASE AND AUTHORIZATION—PLEASE READ CAREFULLY BEFORE SIGNING**

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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 and submitted electronically. This application may be found at: <a href="http://www.canoncity.org/departments/application_submission.php">http://www.canoncity.org/departments/application_submission.php</a>
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## 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/State:	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: \_\_\_\_\_

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

May be filed online at:  
[http://www.canoncity.org/departments/application\\_submission.php](http://www.canoncity.org/departments/application_submission.php)

