



**EMPLOYMENT HISTORY:**

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What Dept.?	Dates?
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Do you have any relatives currently working for the City?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, who and what Department?	
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**FORMER EMPLOYERS:** (List below last three employers, starting with last one first)

Company:	City/State:	Phone:
Dates Employed: From:	To:	Salary: per Specify: Week/Month/Year
Job Title:	Name/Title of Supervisor:	
Duties:		
Reason for leaving:		

Company:	City/State:	Phone:
Dates Employed: From:	To:	Salary: per Specify: Week/Month/Year
Job Title:	Name/Title of Supervisor:	
Duties:		
Reason for leaving:		

Company:	City/State:	Phone:
Dates Employed: From:	To:	Salary: per Specify: Week/Month/Year
Job Title:	Name/Title of Supervisor:	
Duties:		
Reason for leaving:		

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

Name	Address	Phone	Years Known	Relationship

EDUCATION

High School Name and Location

Diploma  Yes GED  Yes

	Name & Location:	Number of Years Completed:	Degree:
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 #	Class/Type:	State:
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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*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  
Fax 719-269-9017  
Email to: [llewis@canoncity.org](mailto:llewis@canoncity.org)

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

## 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: \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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*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:  
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Human Resources Department  
P.O. Box 1460 128 Main Street  
Cañon City, CO 81215  
Fax 719-269-9017

