



**TOWN OF GYPSUM**  
**50 Lundgren Boulevard \* PO Box 130**  
**Gypsum CO 81637**  
**(970) 524-7514 Fax (970) 524-7522**

# Application for Employment

ALL ITEMS REQUIRE A RESPONSE

Equal access to programs, services, and employment is available to all persons.

Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Town of Gypsum.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle

Address \_\_\_\_\_  
 (PO Box and Street) City State Zip Code

Telephone # \_\_\_\_\_ Mobile/Pager/Other Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_ No \_\_\_ Are you legally eligible for employment in this Country? Yes \_\_\_ No \_\_\_

Date available for work \_\_\_\_\_ Type of Employment desired: Full-time \_\_\_ Part-time \_\_\_ Temporary \_\_\_ Seasonal \_\_\_

Are you able to meet the attendance requirements of the position? Yes \_\_\_ No \_\_\_

Have you been convicted of a crime in the last seven (7) years? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

Driver's license number \_\_\_\_\_ Have you ever been terminated from a job before? Yes \_\_\_ No \_\_\_

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

EMPLOYMENT HISTORY

Provide the following information from your previous employment, starting with the most recent.

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Job Title \_\_\_\_\_ Address \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_

Summarize the Nature of Work Performed and Job Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Starting Hourly Rate/Salary \$ \_\_\_\_\_ Ending Hourly Rate/Salary \$ \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Job Title \_\_\_\_\_ Address \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_

Summarize the Nature of Work Performed and Job Responsibilities \_\_\_\_\_

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Job Title \_\_\_\_\_ Address \_\_\_\_\_

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From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Job Title \_\_\_\_\_ Address \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_

Summarize the Nature of Work Performed and Job Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Starting Hourly Rate/Salary \$ \_\_\_\_\_ Ending Hourly Rate/Salary \$ \_\_\_\_\_

**SKILLS AND QUALIFICATIONS**

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

	Name and Location	Years Completed	Did you Graduate?	Course of Study
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

**REFERENCES**

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Years Known \_\_\_\_\_

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO TAKE A DRUG/ALCOHOL TEST, AND PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I UNDERSTAND THAT I MAY BE REQUIRED TO PROVIDE AN ENTIRE HISTORY OF MY PAST EMPLOYMENT.

I ALSO UNDERSTAND THAT PERSONNEL RULES AND REGULATIONS MAY CHANGE FROM TIME TO TIME.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_