



Bayfield Marshal's Office

1199 Bayfield Parkway, P.O. Box 80, Bayfield, CO 81122
Phone (970) 884-9636 Fax (970) 884-6053

Application for Employment

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age disability, sexual orientation, citizenship status, genetic information or any other legally protected status.



Position Applied For _____ Date of Application _____

How did you hear about us? Advertisement Relative Inquiry
 Employment Agency Friend Other



Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Social Security Number _____

Address _____

Telephone Number(s) _____

Email _____ Best time to call? _____ : _____ AM / PM



If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date: _____

Have you ever been employed with us before? Yes No

If yes, give date: _____

Do any of your friends or relatives, other than spouse work here? Yes No

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from becoming employed in this country because
Of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment

Date available to start? _____ Desired Salary Range? _____

Are you available to work? Full Time Circle one: 1st 2nd 3rd Shift)
 Part-Time Circle one: Morning Afternoon Evening)
 Temporary Please indicate dates available _____

Are you currently on “lay-off” status and subject to recall? Yes No

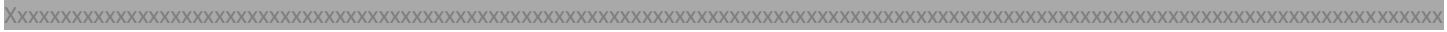
Can you travel if the job requires it? Yes No



Education / Training

	Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities:



Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Describe any job-related training received in the United States Military: _____



Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer: _____ Telephone: _____
 Address: _____
 Job Title: _____ Dates Employed: From _____ To _____
 Hourly Rate/Salary: Starting _____ Final _____ Supervisor: _____
 Work Performed: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____
 Address: _____
 Job Title: _____ Dates Employed: From _____ To _____
 Hourly Rate/Salary: Starting _____ Final _____ Supervisor: _____
 Work Performed: _____

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 Address: _____
 Job Title: _____ Dates Employed: From _____ To _____
 Hourly Rate/Salary: Starting _____ Final _____ Supervisor: _____
 Work Performed: _____

Reason for Leaving: _____

List professional, trade, business or civic activities and offices held:

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.



Additional Information

Other Qualifications. Summarize special job-related skills and qualifications acquired from employment or other experience: _____

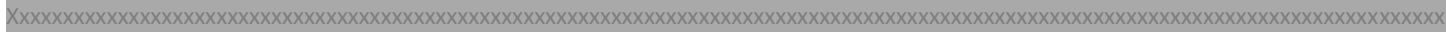
Specialized Skills (check all equipment you have operated):

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM ____	WPM ____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Yes No



References

Name _____ Phone _____

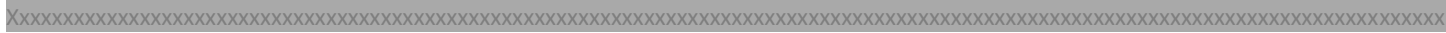
Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____



Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of employer.

Signature of Applicant _____
Date



For Personnel Department Use Only

Arrange Interview Yes No Interviewer _____ Date _____

Remarks _____

Employed Yes No Job Title _____ Date _____

Department _____ Hourly Rate / Salary _____

By (Name and Title) _____ Date _____

