



Town of Kremmling
 200 Eagle Avenue, P.O. Box 538, Kremmling, CO 80459
 970-724-3249 Fax 970-724-9409
www.townofkremmling.org

POSITION APPLIED FOR: _____ **Date:** _____

Type of employment you desire: Full-time Part-time Temporary

Print Name (Last, First, MI) _____

PO Box/Street _____ City _____ State _____ Zip Code _____

Home Phone: _____ Work: _____ Message: _____

If hired, can you furnish proof that you are eligible to work in the United States? Yes No
 Are you 18 years of age or older? Yes No

FOR DRIVING JOBS

Do you have a valid Colorado Driver's License? Yes No
 License Number: _____ State: _____
 Class: Regular - R CDL - A B C
 Endorsement - S M T X

MILITARY

Branch of Service: _____ Dates: (From - To) _____

GENERAL

Were you previously employed by the Town of Kremmling? Yes No
 If so, when and where? _____

Are any relatives employed at the Town of Kremmling? Yes No
 If so, who and what position? _____

SPECIAL SKILLS

Do you have experience with:
 - Data Entry/Retrieval Yes No
 - Personal Computer Yes No
 - Word Processing Yes No Software used _____

Bi-Lingual: Yes No Speak Read Language(s) _____

If you have any other skills, abilities, or licenses related to work desired, or if you are an experienced operator of any heavy equipment, please list.

EDUCATION

Highest grade completed: _____

Received high school diploma? Yes No If no, GED? Yes No

High School: _____ Location: _____

College/University: _____

Major: _____

Degree: _____

Additional Education, Vocational, or Technical Training Information:

Schools (s): _____

Course (s): _____

WORK HISTORY

Are you presently employed? Yes No If so, may we contact your present employer? Yes No

List names of employers in consecutive order with present or last employer first.

Name of Employer: _____

Employed - From: _____ / _____ to: _____ / _____

Supervisor: _____

Address: _____

City, State: _____

Telephone: _____

Pay - Start: _____ Pay - Final: _____

Position title: _____

Job Duties: _____

Reason for leaving: _____

Name of Employer: _____

Employed - From: _____ / _____ to: _____ / _____

Supervisor: _____

Address: _____

City, State: _____

Telephone: _____

Pay - Start: _____ Pay - Final: _____

Position title: _____

Job Duties: _____

Reason for leaving: _____

Name of Employer: _____

Employed - From: _____ / _____ to: _____ / _____

Supervisor: _____

Address: _____

City, State: _____

Telephone: _____

Pay - Start: _____ Pay - Final: _____

Position title: _____

Job Duties: _____

Reason for leaving: _____

REFERENCES: (List at least three references that are not relatives.)

Name: _____
Address: _____
Phone: _____
Occupation: _____

Name: _____
Address: _____
Phone: _____
Occupation: _____

Name: _____
Address: _____
Phone: _____
Occupation: _____

The Town of Kremmling is an Equal Opportunity Employer. The Town of Kremmling does not discriminate on the basis of race, religion, national origin, color, sex, age, or disability. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors.

AFFIDAVIT

I certify that the information provided in this application is true and complete without consequential omissions of any kind. I authorize the companies, school, or persons named above to give any information regarding my employment, character, and qualifications (except as previously stated). I hereby release these companies, schools, or persons from all liability for any damage for issuing this information. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and if employed, would be cause for termination. I understand that if employed, I have been hired at will of the employer and that my employment can be terminated at will, any time, with or without cause. The employers' only obligation being to pay salary or wages due and owed at the time of termination. I have read, understand, and by my signature consent to these statements.

Signature

Date