

## 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:		D.	ate:	
Type of employment you	ı desire: Full-time <sup></sup> I	Part-time Temporary		
Print Name (Last, First, N	11)			
PO Box/Street	City		State	Zip Code
Home Phone:	Work:	Messag	ge:	
<u>.</u> .				
If hired, can you furnish Are you 18 years of age of		ole to work in the United Sta	tes? Yes No	
FOR DRIVING JOBS  Do you have a valid Colo License Number:  Class: Regular - R CDL Endorsement - S M T	State:			
MILITARY				
Branch of Service:		Dates: (From - To)_		
<b>GENERAL</b> Were you previously em If so, when and where?		Kremmling? Yes No		
Are any relatives employ If so, who and what posi		nmling? Yes "No		
•	res <sup></sup> No res <sup></sup> No	sed		
Bi-Lingual: Yes No	Speak <sup></sup> Read <sup></sup> Lan	guage(s)		

If you have any other skills, abilitie operator of any heavy equipment,	, or licenses related to work desired, or if you are an experienced
operator or any neavy equipment,	orcase list.
EDUCATION	
Highest grade completed:	
Received high school diploma? Ye	··· No ··· If no, GED? Yes ·· No
High School:	Location:
College/University:	
Major:	
Degree:	
Additional Education, Vocational, o	r 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:				<del></del>	
City, State:				<del></del>	
Telephone:				<del></del>	
Pay - Start:		Pay - Final:		<u></u>	
Position title:				<u> </u>	
Job Duties:					
Reason for leaving:					
Name of Employer:					
Employed - From:		to:			
Supervisor:					
Address:				<del></del>	
City, State:				<del></del>	
Telephone:				<del></del>	
Telephone:Pay - Start:		Pay - Final:			
Position title:					
Job Duties:					
Reason for leaving:					
Name of Employer:					
Employed - From:		to:	/_		
Supervisor:					
A .l.l					
City, State:					
Telephone:					
Pay - Start:		Pay - Final:			
Position title:					
Job Duties:				<del></del>	
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

Rev 3/12