Application for Employment

City of Cherry Hills Village An Equal Opportunity Employer

Please complete each section fully and accurately, and complete a separate application for each position for which you are applying. Use additional paper if you do not have enough room on this application. No action can be taken on this application until you have answered all questions. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. We do not discriminate on the basis of race, color, religion, national origin, sex, age over 40, genetic information, disability, sexual orientation or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors. Please print except for signature if not completing online.

Parcanal Information:

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Job applied for:			Today's date:				
Last name:	First name:		1	Middle name:			
Please list any other names that you have used while wo	rking or attending school	ol:					
Street address:	City	y:	State:	State: Zip code:			
Home phone number:	Il phone number:		Current work phone number:				
Email address:		When are you av	vailable to start work?				
Are you at least 17 years of age?	If hired, you mus Can you provide	If hired, you must be able to provide documentation that proves your eligibility to work in the U.S. Can you provide such documentation, if hired?					
☐ Yes ☐ No		☐ Yes ☐ No					
Are you currently employed? Yes No		If hired, do you expect to be engaged in any additional business or employment? Yes No If yes, please explain:					
Have you ever been fired or asked to resign from a job? Yes No	Do you have a valid driver's license? Have you ever had your driver's license suspended or revoked in the last 3 years? If yes, please explain:						
If yes, please explain:							
	For Public Work	For Public Works driving jobs only: Do you have a valid CDL driver's license? Class A Class B Endorsements:					
Have you ever applied or worked here before? Yes No	Have you ever be traffic violations.	Have you ever been convicted of a law violation? Include any plea of guilty or no contest. Exclude minor traffic violations. A conviction will not necessarily disqualify you from employment. Yes No					
If yes, please explain:	If yes, please explain:						
Education and Other Training:							
Please indicate below all the schools you have attend	ed beginning with high						
Type of school (City & State) High	Did y gradua		egree, if applicable	Major / Minor			
school							
College or vocational school							
College or vocational school							
What skills or additional training do you have that rela	te to the job for which	you are applying	?				
List relevant professional or trade memberships or off protected status.	ices held. Exclude the	ose which reveal	race, color, religion, national	origin, sex, age, disability or other			
What machines or equipment can you operate that re	late to the job for whic	h you are applyir	ng?				

Employment History:

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held. Account for all periods of time including military service, self-employment, and periods of unemployment. Please complete all sections, and do not write "see resume" in lieu of completion of this section. A job offer will be contingent upon acceptable references from current and/or former employers.

ame and address of employer: Job title and duties:							
	First date of employment:	Last date of employment:	Name of s	supervisor:			
Telephone number:	Starting pay:	Ending pay:	Reason fo	for leaving:			
Name and address of employer:	Job title and duties:	Job title and duties:					
	First date of employment:	Last date of employment:	Name of s	supervisor:			
Telephone number:	Starting pay:	Ending pay:	Reason fo	or leaving:			
Name and address of employer:	Job title and duties:						
	First date of employment:	Last date of employment:	Name of s	supervisor:			
Telephone number:	Starting pay:	Ending pay:	Reason for leaving:				
Name and address of employer:	Job title and duties:						
	First date of employment:	Last date of employment:	Name of s	supervisor:			
Telephone number:	Starting pay:	Ending pay:	Reason for leaving:				
If there are any gaps in employment, please explain:							
References:							
Please list three references. Exclude relat	ives and employers listed elsewhe	re this application.					
Name:		Address:					
DI FACE DEAD FACILICIATEMENT CAREFULLY REFORE CIONING							

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize and release from legal liability any person, school, current employer, past employer and any other organization, whether listed or not, to provide relevant information and opinions that may be useful in making a hiring decision. I understand I may be required to successfully pass a background screening process. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. If I am extended an offer of employment, I understand that it may be conditioned upon my successful completion of a pre-employment physical examination, if required. I consent to the release of any and all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE CITY MANAGER HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE CITY MANAGER AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE CITY AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I understand that my electronic signature below indicates that I certify the information in this application is true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my employment application. My signature below is testament that I am indeed the person whose name is listed on this application, and I have read, understand, acknowledge, and consent to the statements made within this application.

Signature: Date completed: