



P. O. Box 363, Brush, CO 80723 (970) 842-5001 (970) 842-5909 Fax Email brush@brushcolo.com

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please fill out the application completely even if you attach a resume. Qualified applicants will receive equal consideration and background checks will be performed prior to hire. No question in this application is asked for the purpose of excluding any applicant on the basis of race, color, national origin, religion, age, sex, disability, or any other factor prohibited by law or regulation. The City of Brush is an equal opportunity employer.

PERSONAL INFORMATION

LEGAL NAME (LAST, FIRST, MIDDLE INITIAL)		DATE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER DAY EVENING	EMAIL ADDRESS	REFERRED BY	
DESIRED POSITION		DATE YOU CAN START	

ARE YOU CURRENTLY EMPLOYED?	IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER
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HAVE YOU EVER APPLIED TO THE CITY BEFORE?	IF YES, WHEN?	HAVE YOU EVER WORKED FOR THE CITY BEFORE?	IF YES, WHEN?
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ARE YOU LOOKING FOR

FULL TIME	<input type="checkbox"/>
PART TIME	<input type="checkbox"/>
TEMPORARY	<input type="checkbox"/>

WILL YOU WORK OVERTIME DURING THE WORK WEEK IF NECESSARY?	ARE YOU WILLING TO WORK WEEKENDS?
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DO YOU HAVE ANY ON-GOING OBLIGATIONS OR OTHER PERSONAL COMMITMENTS THAT WOULD AFFECT YOUR WORK SCHEDULE? IF YES, PLEASE DESCRIBE:

IF REQUESTED, WOULD YOU BE WILLING TO TAKE A DRUG/ALCOHOL SCREENING EXAM AS A CONDITION OF EMPLOYMENT?

ARE YOU AT LEAST 18 YEARS OLD?	Valid Colorado Driver's License #
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IF HIRED, YOU WILL BE REQUIRED TO PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK IN THE UNITED STATES.

HAVE YOU EVER BEEN DISCIPLINED OR TERMINATED FROM EMPLOYMENT?
IF YES, PLEASE EXPLAIN

HAVE YOU EVER BEEN CONVICTED OF A CRIME?
(A CRIMINAL RECORD DOES NOT AUTOMATICALLY BAR EMPLOYMENT)
IF YES, PROVIDE DETAILS

EDUCATION AND TRAINING

	SCHOOL NAME CITY AND STATE	# YEARS ATTENDED	DID YOU GRADUATE?	MAJOR SUBJECTS, SPECIAL COURSES DEGREES
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
OTHER EDUCATION				
LICENSES AND CERTIFICATIONS				
OTHER SKILLS				

EMPLOYMENT RECORD: DO NOT indicate "see resume".

Give a complete account of your employment, including salary history. Begin on the first line with your present or most recent position and work back. Please attach an additional sheet if necessary and include all periods of unemployment.

MONTH/YR STARTED	NAME. ADDRESS. PHONE OF EMPLOYER	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	NAME. ADDRESS. PHONE OF EMPLOYER	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	NAME. ADDRESS. PHONE OF EMPLOYER	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		

MONTH/YR STARTED	NAME. ADDRESS. PHONE OF EMPLOYER	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		

WORK REFERENCES: Please provide a minimum of three.

FIRST NAME, LAST NAME	COMPANY & TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

PERSONAL REFERENCES: Please provide a minimum of two people who are not related to you.

FIRST NAME, LAST NAME	COMPANY & TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

CERTIFICATE OF APPLICANT (Read carefully before signing.)

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or if employed, may result in subsequent dismissal. I hereby authorize all former employers, educational institutions, personal references and others identified hereon, including their employees or representatives, to furnish or provide full and complete reports, documents or information to the City or its representative concerning my prior educational and work histories, criminal and driving records, or other information I have provided hereon. I waive, release, indemnify and hold harmless the City of Brush or its employees and representatives and all other persons or entities from all liability and claims of any nature whatsoever pertaining to the disclosure or use of information or written material as described above. I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will at any time by either myself or the City.

DATE

SIGNATURE OF APPLICANT
