

Town of Ordway Employment Application

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| Please print all information requested except signature. | | | | | | | | | | | | | | | | | | | |
| Please complete pages 1-5. | | | | | | | | | | | Date | |  | | | | | | |
| Name |  | | |  | | | | | |  | | | | | |  | | | |
| Last First Middle Maiden | | | | | | | | | | | | | | | | | | | |
| Present Address | |  | | | |  | | | | | | | |  | | | |  | |
| Number/Street City State Zip | | | | | | | | | | | | | | | | | | | |
| How long | | | | | | | | | Social Security No.(use only last 4 digits) XXX-XX- | | | | | | | | | | |
| Telephone | | | | | | | | | Cell Phone | | | | | | | | | | |
| If under 18, please list age | | | | | | | Days/hours available to work | | | | | | | | | | | | |
| Position applied for (1)  and salary desired (2)  (Be specific) | | | | | | | | No Preference | | | |  | | | Thursday | | | |  |
|  | | | | | | | | Monday | | | |  | | | Friday | | | |  |
|  | | | | | | | | Tuesday | | | |  | | | Saturday | | | |  |
|  | | | | | | | | Wednesday | | | |  | | | Sunday | | | |  |
| How many hours can you work weekly?       Can you work nights?  No  Yes | | | | | | | | | | | | | | | | | | | |
| Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME | | | | | | | | | | | | | | | | | | | |
| When are you available for work? | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | |
| TYPE OF SCHOOL | | | NAME OF SCHOOL | | LOCATION (Complete mailing address) | | | | | | | | NUMBER OF YEARS COMPLETED | | | | MAJOR & DEGREE OBTAINED | | |
| High School | | |  | |  | | | | | | | |  | | | |  | | |
|  | | |  | |  | | | | | | | |  | | | |  | | |
| College | | |  | |  | | | | | | | |  | | | |  | | |
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| Bus or Trade School | | |  | |  | | | | | | | |  | | | |  | | |
|  | | |  | |  | | | | | | | |  | | | |  | | |
| Professional School | | |  | |  | | | | | | | |  | | | |  | | |
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Have you ever been convicted of a crime?  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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| Application for Employment (continued) | | | | | |
| Do you have a valid driver’s license?  Yes  No | | | | | |
| What is your means of transportation to work? | | |  | | |
| Driver’s license number |  | State of Issue: | | Operator  Commercial (CDL)o  Chauffeur | |
| Expiration date | | | | |  |
| Have you had any accidents during the past three years? | | | | | How many? |
| Have you had any moving violations during the past three years? | | | | | How many? |
| Is there any existing physical disability that would prevent you from performing fully the duties of the job for which you are applying?  Yes  No | | | | | |

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| --- | --- |
| Please list two professional references. | |
| Name |  |
| Position |  |
| Company |  |
| Address |  |
| Telephone |  |
| Name |  |
| Position |  |
| Company |  |
| Address |  |
| Telephone |  |
| Name |  |
| Position |  |
| Company |  |
| Address |  |
| Telephone |  |
| An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. | |
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| Application for Employment (continued) | | |
| Military | | |
| Have you ever been in the armed forces?  Yes  No | | |
| Are you now a member of the National Guard?  Yes  No | | |
| Specialty: | Date Entered: | Discharge Date: |

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| Work Experience | | | | | |
| Please list your work experience for the past five years beginning with your most recently held job. If you were self-employed, give firm name. Attach additional sheets if necessary. | | | | | |
| Name of employer |  | | Name of last supervisor | Employment dates | Pay or salary |
| Address |  | |
| City, State, Zip Code |  | |  | From  To | Start  Final |
| Phone number |  | |
|  | Your last job title |  | | | |
| Reason for leaving (be specific) | | | | | |

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| --- | --- | --- | --- | --- | --- |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | |
| Name of employer |  | | Name of last supervisor | Employment dates | Pay or salary |
| Address |  | |
| City, State, Zip Code |  | |  | From  To | Start  Final |
| Phone number |  | |
|  | Your last job title |  | | | |
| Reason for leaving (be specific) | | | | | |

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| --- | --- | --- | --- | --- | --- |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | |
| Name of employer |  | | Name of last supervisor | Employment dates | Pay or salary |
| Address |  | |
| City, State, Zip Code |  | |  | From  To | Start  Final |
| Phone number |  | |
|  | Your last job title |  | | | |
| Reason for leaving (be specific) | | | | | |

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| --- | --- | --- | --- | --- | --- |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | |
| Name of employer |  | | Name of last supervisor | Employment dates | Pay or salary |
| Address |  | |
| City, State, Zip Code |  | |  | From  To | Start  Final |
| Phone number |  | |
|  | Your last job title |  | | | |
| Reason for leaving (be specific) | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | |

May we contact your present employer?  Yes  No

Did you complete this application yourself?  Yes  No

If not, who did?

Town of Ordway

PLEASE READ CAREFULLY

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| APPLICATION FORM WAIVER |
| In exchange for the consideration of my job application by the Town of Ordway (hereinafter called "the Town"), I agree that:  Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, -either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Town practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Town, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Board of Trustees. Both the undersigned and the Town may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Town may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.  I authorize investigation of all statement contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice, I hereby give the Town permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.  I also understand that (1) the Town has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.  I understand that, in connection with the routine processing of your employment application, the Town may request a background check. Upon written request from me, the Town will provide me with additional information concerning the nature and scope of any such report.  I further understand that my employment with the Town shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Town is terminable at will for any reason by either party. |
| Signature of Applicant:       Date |
| This Town is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Town depends solely on your qualifications.  Thank you for completing this application form and for your interest in our Town. |

Revised 03/06/18