

**TOWN OF SILVER CLIFF**

612 E. MAIN STREET, SILVER CLIFF, CO 81252

719-783-2615

**APPLICATION FOR EMPLOYMENT**

The Town of Silver Cliff is an equal opportunity Employer

POSTION: \_\_\_\_\_

NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

ADDRESS: \_\_\_\_\_  
(Street or PO Box) (City/Town) (State) (Zip Code)

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

**EMPLOYMENT RECORD (Attach Sheet if More Space Is Needed) LAST 3 EMPLOYERS**

NOTE: DOT Requires That Employment for a Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown.

CURRENT/LAST EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_

REASONS FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_

REASONS FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_

REASONS FOR LEAVING: \_\_\_\_\_

Are you able to perform the essential functions of the position with or without accommodation? \_\_\_ Yes \_\_\_ No

I will be able to report to work \_\_\_ days after being notified I am hired.

Level of education? \_\_\_\_\_

College, University, Vocational or Technical Education: \_\_\_\_\_

Skills and Qualifications (attach a sheet if needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DRIVER EXPERIENCE AND QUALIFICATIONS**

**All Public Works employees will have a preemployment drug test and won't start their position until results are back and approved by the Mayor and supervisor.**

DRIVER LICENSE(S)	STATE	LICENSES NO.	TYPE	EXPIRATION DATE

**A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?** YES \_\_\_\_\_ NO \_\_\_\_\_  
**B. Has any license, permit or privilege ever been suspended or revoked?** YES \_\_\_\_\_ NO \_\_\_\_\_  
**IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS**

CLASS OF EQUIPMENT PUBLIC WORKS DEPARTMENT ONLY	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM	DATES TO	APPROX NO. OF MILES (TOTAL)
STRAIGHT TRUCK TRACTOR AND SEMI-TRAILER TRACTOR -TWO TRAILERS OTHER				

**DRIVING HISTORY**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSE, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

**REFERENCES** – List 3 personal references who are not relatives or former supervisors.

NAME	ADDRESS	PHONE NUMBER

**TO BE READ AND SIGNED BY APPLICANT**

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary, for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict-of-interest agreement and abide by its terms. I understand and agree with the information shown above.

**This certifies that this application was completed by me.**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**Equal Employment Opportunity:** The Town of Silver Cliff provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws.