



Town of Dillon
275 Lake Dillon Drive
P.O. Box 8 Dillon, CO 80435
970.468.2403 / 970.262.3410 (fax)
info@townofdillon.com

Employment Application

It is our policy to provide equal opportunity employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, disability or other protected classification.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address City State ZIP Code

_____ Mailing Address City State ZIP Code

Phone: _____ Email: _____

Additional Data

Position(s) Applied For: _____ Desired Salary: \$ _____

Date Available: _____ List any hours/days you are unable to work: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

List any friends or relatives working with us now: _____ Are you 18 or older?: YES NO

Do you have a valid CO Driver's License? YES NO

If YES: Number: _____ Class: _____ State: _____ Expiration: _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO GPA: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Job Title: _____ Supervisor: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Job Title: _____ Supervisor: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Job Title: _____ Supervisor: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Special Skills

Special Skills or Training (Applicable to Employment):

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers provided in this application are true and complete to the best of my knowledge. I understand that, if I am employed, any false statement will be considered a cause for dismissal. I authorize the Town of Dillon to make any investigation of the facts set forth. I further understand that, if I am hired, the length of my employment is not guaranteed. Also, employment by the Town of Dillon does not constitute a contract and they may terminate the employment at any time, with or without cause.

Applicant Signature: _____ Date: _____

Representative Signature: _____ Date: _____
Town of Dillon