



EMPLOYMENT APPLICATION

The City of Salida is an Equal Opportunity Employer. As such, qualified applicants will receive consideration without discrimination because of race, creed, color, religious convictions, gender, age, national origin or ancestry, disability, martial or military status, sexual orientation, genetic information, or any other classification protected under applicable law.

PERSONAL INFORMATION *(Please type or print)*

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

Address: _____
Street/Box # _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

EMPLOYMENT DESIRED AND AVAILABILITY

Position you are applying for: _____ Date you can start: _____

Is the posted salary acceptable: _____ If not, requested salary: _____

If hired, are you able to furnish proof that you are eligible to work in the U.S.? _____

Are you willing to work *(check all that apply)*:

Full-time Part-time Temporary Weekends Evenings Overtime

How did you find out about this opening: Newspaper Website Internet

State Unemployment Office Walk In Other

EMPLOYMENT HISTORY

Are you currently employed: _____ If so, may we inquire with your current employer: _____
If not, please be advised that the City of Salida may wish to contact your current employer prior to making any employment offer.

Have you ever worked for the City before: _____ What Dept.: _____ Dates: _____

Do you have any relatives currently working for the City: _____

If yes, who and what Department: _____

Starting with the present or most recent, list all previous employers for the last ten (10) years.
 Please do not write "See Resume". If more space is required, please attach a separate sheet.

Last/Present Employer	Job Title
Address	Duties
Dates Employed From: _____ To: _____	
Supervisor	Phone Number
Reason(s) for Leaving	

Prior Employer	Job Title
Address	Duties
Dates Employed From: _____ To: _____	
Supervisor	Phone Number
Reason(s) for Leaving	

Prior Employer	Job Title
Address	Duties
Dates Employed From: _____ To: _____	
Supervisor	Phone Number
Reason(s) for Leaving	

REFERENCES *(Include only individuals familiar with your work ability. Exclude relatives)*

Name	Address	Phone	Years Known	Relationship

EDUCATION

High School Name/Location: _____ Diploma GED

	Name & Location	Years Completed	Degree/Major/Minor
College			
Graduate School			
Trade, Business or Correspondence School			

JOB RELATED SKILLS *(Complete only those sections which are job-related)*

Professional memberships/associations: _____

List skills, licenses, certificates or training: _____

List Language(s) in which you are fluent: _____

Driver's License #: _____ State: _____ Class: _____

Do you have a Commercial Driver's License: _____ Class/Expiration: _____

Do you have any driving violations in the past five (5) years: _____

If yes, please describe: _____

RELEASE AND AUTHORIZATION – PLEASE READ CAREFULLY BEFORE SIGNING

Please check all boxes before signing –

I certify that I have read and understand the application instructions on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I authorize the City of Salida and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing the information.

I also understand that the use of illegal drugs is prohibited during my employment. If the City of Salida requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during my employment.

I acknowledge that all employment with the City of Salida is “AT-WILL” and of an indefinite duration, and that either the employee or the City may separate employment at any time, with or without notice and for any reason.

Signature: _____ Date: _____

Please email completed application to jobs@cityofsalida.com (preferred)

Mail or deliver completed application to:
City of Salida
448 E. 1st Street, Suite 112
Salida, CO 81201