



# TOWN OF NEW CASTLE APPLICATION FOR EMPLOYMENT

## AN EQUAL OPPORTUNITY EMPLOYER

The Town of New Castle provides all applicants with an equal opportunity to compete for openings. All selection decisions are based on job related factors without regard to an applicant's race, religion, national origin, color, sex, age or disability.

Applicants requiring assistance in completing this application should inform the Administration Department so that assistance can be provided.

### INSTRUCTIONS

Each question should be fully and accurately answered. **No action can be taken on this application until all questions have been answered.** Use blank paper if you do not have enough room on this application. **Please print or type**, except for signature at end of application.

**--Information on this application will be verified--**

Position applied for	Today's date
Type of employment sought: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Part-time	Date available, if hired

### PERSONAL DATA

Last Name	First	Middle	Preferred Name
Street (include Mailing Address if not same as Street)	Home Phone		Additional Phone Number
	E-mail Address		
City	State	Zip Code	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a citizen of the United States or do you have a valid work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Proof of citizenship or immigration status will be required upon employment)</small>		
Do you have relatives working for the Town? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Relatives are: spouse, domestic partner, child, grandchild, parent, grandparent, sibling, mother or father-in-law, son or daughter-in-law, parent or child or sibling of domestic partner, stepparent, stepchild, or comparable legal step relationships, uncle, aunt, niece, or nephew)</small> If so, Name(s), Relationship(s), and Town Department(s): _____ _____ _____			

### RECRUITMENT INFORMATION

How did you learn of this position?		
<input type="checkbox"/> Direct contact	<input type="checkbox"/> Job hotline	<input type="checkbox"/> Town of New Castle employee _____
<input type="checkbox"/> Advertisement	<input type="checkbox"/> School	<input type="checkbox"/> Other _____

**MILITARY**

Branch of Service		Rank/Rate at Discharge
Active Duty Service Dates:	From	To
Describe your service duties and any special training:		

**GENERAL**

Have you ever applied for employment with the Town before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Date(s)
Have you ever been employed by the Town before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Date(s)
Have you been convicted of a crime that has not been expunged or sealed by a court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, describe in full			
NOTE: A conviction record will not necessarily be a bar to employment.			
<b>Information for position requiring driving:</b>			
Do you have a valid Colorado driver's license:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Class: <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> CDL: <input type="checkbox"/> A <input type="checkbox"/> B	Endorsements:		
Driver's License Number	Expiration Date		
List all moving traffic violations (last three years):			
List all accidents you have been involved in (last three years):			

<b>EDUCATION AND TRAINING</b>					
Name, Address (include City and State) and Phone No. of last high school attended			GED certification number		
			Issued by/ Phone No.		
Highest grade completed:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name, Address (include City and State) and Phone No. of College or University	Dates Attended		Major	Type of Degree	Date of Degree
	From	To			
Other schools or training (trade, vocational, armed forces, or business). Give name and location of each school, date attended, subjects studied, certificates, and any other pertinent data.					
Was education or training received under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide other name(s) and dates used:					

<b>SKILLS</b>	
If you are an experienced operator of any business machines or equipment, including computer hardware / software, list ( <i>include skill level and year last used</i> ):	If you are an experienced operator of any heavy equipment, trucks, or any other machinery, list ( <i>include skill level and year last used</i> ):
Do you keyboard? <input type="checkbox"/> Yes <input type="checkbox"/> No  Words per minute:	Special qualifications (licenses; patents or inventions; publications; honors or awards); <i>include dates received or produced.</i>
Do you have any other skills you wish to mention? <i>Include date acquired, skill level and year last used.</i>	
Special language skills - state whether reading, speaking, or writing:	
<b>WORK HISTORY</b>	

**INSTRUCTIONS:** The Work History must be accurate and complete **or your application may be rejected**. List your entire work history in order, starting with your present or last job. Account for all periods of time including military service and any periods of unemployment. List each promotion as a separate job. Be thorough and specific in explaining your duties. Contact may be made with the employers listed below to discuss details of your previous employment(s) unless you specifically state that no such contact should be made.

Present or last employer		Employment Dates (Month/Year)	
		From:	To:
Complete address, include City and State		<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
		Your title	
Number supervised	Type supervised		Salary
	<input type="checkbox"/> Labor	<input type="checkbox"/> Technical	<input type="checkbox"/> Professional
Duties			
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving		Name of supervisor	Telephone number
Previous employer		Employment Dates (Month/Year)	
		From:	To:
Complete address, include City and State		<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
		Your title	
Number supervised	Type supervised		Salary
	<input type="checkbox"/> Labor	<input type="checkbox"/> Technical	<input type="checkbox"/> Professional
Duties			
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving		Name of supervisor	Telephone number
Previous employer		Employment Dates (Month/Year)	
		From:	To:
Complete address, include City and State		<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
		Your title	
Number supervised	Type supervised		Salary
	<input type="checkbox"/> Labor	<input type="checkbox"/> Technical	<input type="checkbox"/> Professional
Duties			
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving		Name of supervisor	Telephone number

Previous employer		Employment Dates (Month/Year)	
		From:	To:
Complete address, include City and State		<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
		Your title	
Number supervised	Type supervised		Salary
	<input type="checkbox"/> Labor	<input type="checkbox"/> Technical	<input type="checkbox"/> Professional
Duties			
		May we contact this employer?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving		Name of supervisor	Telephone number
Previous employer		Employment Dates (Month/Year)	
		From:	To:
Complete address, include City and State		<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
		Your title	
Number supervised	Type supervised		Salary
	<input type="checkbox"/> Labor	<input type="checkbox"/> Technical	<input type="checkbox"/> Professional
Duties			
		May we contact this employer?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving		Name of supervisor	Telephone number
Previous employer		Employment Dates (Month/Year)	
		From:	To:
Complete address, include City and State		<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
		Your title	
Number supervised	Type supervised		Salary
	<input type="checkbox"/> Labor	<input type="checkbox"/> Technical	<input type="checkbox"/> Professional
Duties			
		May we contact this employer?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving		Name of supervisor	Telephone number
Give information not covered elsewhere that relates to your qualifications or eligibility for this position. Job related volunteer experience: Organization name, supervisor name and phone number; and hours worked per year.			

*SPECIAL NOTE: If additional space is needed, attach sheets.*

## REFERENCES

Give names and addresses of three persons who are well acquainted with you and have knowledge of your qualifications for the position for which you are applying. *(Do not list relatives or repeat the names of supervisors listed under Work History.)*

Full Name	Complete Address (include City and State)	Telephone Number	Occupation

Is any additional information relative to change of name, use of assumed name, nickname, or maiden name necessary to enable us to check your work and/or academic record?  Yes  No  
If yes, explain

Were you ever discharged or asked to resign from any position?  Yes  No  
If yes, explain


## CERTIFICATION AND INFORMATION RELEASE

I hereby certify that all questions are fully and correctly answered, and I authorize the Town of New Castle to contact my former employers (unless requested not to), references furnished, and all other sources the Town sees fit, and to conduct a credit check if required by the nature of the work to be performed, in order to verify the facts and information furnished with regard to my qualifications for the position sought. I hereby release any such employer or person from any and all liability of whatsoever nature on account of furnishing such information. I understand that if I make any misleading or incorrect statements on this application it may be rejected and, if I am employed, such statements would be cause for termination. I agree to undergo a job related post-offer physical examination, including a drug screening test, and a strength test if required by the job. I understand that, if hired, I may be subject to periodic physical examinations, to include random drug testing. *I understand and acknowledge that nothing on this application creates a promise of employment and that, if hired, employment at the Town is employment at-will; employment may be terminated at the will of either the Town or me.*

Signature:

Date: