



APPLICATION OF EMPLOYMENT
Town of Olathe is an Equal Opportunity Employer

TOWN OF OLATHE • 419 S. Horton Ave • PO BOX 789 • Olathe, CO 81425
970-323-5601 • 970-323-5149 (fax) • www.townofolathe.org

PLEASE PRINT CLEARLY

Date of Application: _____

Position Applying for: _____

Are you seeking: Full-time Part-time Seasonal Date Available to start: _____

How did you learn about us? Advertisement Employment Agency Social Media/Website Friend/Relative

GENERAL INFORMATION

Last Name First Name Middle Initial Email address

Address City State Zip Code Phone Number

Have you ever been employed by the Town of Olathe? Yes No If yes, date employed: _____

Are you eligible for employment? Yes No Can you provide current documentation? Yes No
(Proof of citizenship or immigration status will be required upon employment)

Have you used any names or social security numbers other than indicated on this form? Yes No

If yes, please explain : _____

Do you have a current Colorado driver's license? Number _____ Type _____

Have you had any moving violations in the past three (3) years? Yes No

If yes, please explain: _____

Have you been convicted of a felony within the last 7 years? Yes No

(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain: _____

EMPLOYMENT EXPERIENCE

List most recent employment first. Include any job-related military service assignments , temporary and summer job and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. This section must be completed, even if resume is attached. No more than 10 years history is recommended.

Employer Name and Address: _____ _____ _____ _____ Supervisor Phone #	Position title/duties, skills: 	Start date: _____ End date: _____ Reason for leaving: _____ _____ _____
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Employer Name and Address: _____ _____ _____ _____ Supervisor Phone #	Position title/duties, skills: 	Start date: _____ End date: _____ Reason for leaving: _____ _____ _____
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Describe any specialized training and skills you have that make you a good candidate for this job:

List any additional Certifications or skills you have.

State any additional information you feel may be helpful in considering your application:

EDUCATION:

<u>Name of School</u>	<u>Location of School</u>	<u>Course of Study</u>	<u>Years Completed</u>	<u>Diploma/Degree Received</u>
<u>High School</u>		General		
<u>College/University</u>				
<u>Technical School</u>				

REFERENCES: Include ONLY individuals familiar with your work ability

<u>Name & Address</u>	<u>Phone Number</u>	<u>Relationship</u>	<u>Years Known</u>

APPLICATION WAIVER FORM

All information contained in the application is subject to verification. The Town of Olathe will conduct background checks including, but not limited to, work references, driving records, criminal background records and educational attainment.

I hereby certify that I have read and understand this application. I understand that any false information, omissions or misrepresentations of facts contained in this application may result in rejection of my application or discharge at any time during my employment. I consent to the release or any of the information provided regarding my ability and fitness for employment by employers, schools, companies and law enforcement agencies and other authorized personnel and hereby release any said persons, schools, companies, law enforcement agencies from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If the Town of Olathe policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand and agree that, if hired, my employment is for no definite period, and that I will be subject to the Personnel Policies and Procedures in effect during my employment.

I understand that specific positions at the Town of Olathe require proof of an acceptable driving record and that maintaining an acceptable driving record is a condition of continued employment.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town of Olathe is of an “at will” nature, which means that the employee may resign at any time and the Town may discharge employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless an authorized executive or this organization specifically acknowledges such change in writing.

I have read and understand the “Application waiver form” and am acknowledging same by my dated signature hereafter.

Signature: _____ Printed Name: _____ Date: _____