

APPLICATION  
FOR EMPLOYMENT

TOWN OF OLATHE  
P.O. Box 789  
Olathe, Co 81425  
(970) 323-5601

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legal protected status.

(PLEASE PRINT)

Position(s) Applied for			Date of Application		
How Did You Learn About Us?					
Advertisement		Friend		Walk-In	
Employment Agency		Relative		Other	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Email Address		

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes  No

Have you ever filled out an application with us before?

Yes  No

If Yes, give date: \_\_\_\_\_

Have you ever been employed with us?

Yes  No

If Yes, give date: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available to work? \_\_\_\_\_

Are you available to work:

Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?

Yes  No

Can you travel if a job requires it?

Yes  No

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: \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma or Degree Received
High School				
Undergraduate College or University				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, and skills which make you a good candidate for this job:


Describe any job-related training received in the United States military:


## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments 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.

1. Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number(s)	Hourly Salary Rate		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

2. Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number(s)	Hourly Salary Rate		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

3. Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number(s)	Hourly Salary Rate		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

4. Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number(s)	Hourly Salary Rate		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held.</p> <p>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</p>

## ADDITIONAL INFORMATION

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences.

Driver's License# \_\_\_\_\_ CDL \_\_\_\_\_ Type \_\_\_\_\_

Specialized Skills -- List skills/Equipment Operated

Computer Hardware/Software	Office Equipment	Other (list)

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

\_\_\_\_\_ YES

\_\_\_\_\_ NO

### References

1	(Name)	Phone #
	(Address)	
2	(Name)	Phone #
	(Address)	
3	(Name)	Phone #
	(Address)	

## APPLICATION FORM WAIVER

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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 understand an employment offer is contingent upon successful completion of a pre-employment alcohol/drug test, review of work references, and result of background check.

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.

I understand that my name, date of birth, and social security number may be submitted to the Colorado Bureau of Investigation for a statewide criminal records check. I understand and agree that my final placement with the Town of Olathe may be conditional upon a determination that I have NOT BEEN ARRESTED OR CONVICTED for any crime against children, crime of violence, sexual crime, or any offense that would, in the judgment of the Personnel Director or his designee, make it inappropriate for me to have contact with youth or that would make it inappropriate for me to work in the position applied for. I hereby authorize the Town of Olathe to receive any criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency. I also understand that, in the event I am placed in a job which does serve youth, my name, date of birth and social security number will be submitted annually to state and local agencies to check for any criminal history record information pertaining to me, as a condition of my continued employment and that the finding of information determined to be inappropriate will result in my immediate dismissal or discharge.

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

If employed, I agree to abide by all policies, regulations, and guidelines established by the Town of Olathe.

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the Town of Olathe and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from Town service.

In addition, I give the Town of Olathe the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the Town of Olathe in providing relevant, job related information that will assist in this process.

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 of this organization specifically acknowledges such change in writing.

I have read and understand the "Application Form Waiver" and am acknowledging same by my dated signature hereafter.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_