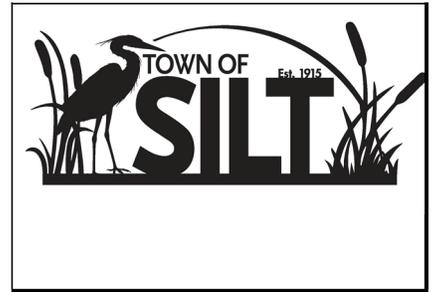


Town of Silt
 231 N. 7th Street
 PO Box 70
 Silt, CO 81652
 (970) 876-2353
 (970) 876-2937 Fax
 Email:



EMPLOYMENT APPLICATION

* INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED *

Name and Address					
Job title for which you are applying:			How did you learn of this position?		
Last Name:		First Name:		Middle:	Other Last Names Used:
Physical Address:		City:	County:		State: Zip:
Mailing Address:		City:	County:		State: Zip:
Home Telephone:		Mobile Telephone:		E-Mail Address:	
Driver's License No:	Issuing State:		Expiration Date:	Do you have a (CDL) Commercial Driver's License? Yes No	

Education					
High School/GED (Name/City & State)		High School Diploma Received Yes No		GED Yes No	
Business/Trade/Other (Name/City & State)	From	To	Full Part	Certificate Received: Yes No	Courses Taken:
College (Name/City & State)	From	To	Full Part	Degree Rec'd Yes No	Major:
College (Name/City & State)	From	To	Full Part	Degree Rec'd Yes No	Major:

License/Certification			
Profession or Trade:	Issued By:	Expiration Date:	License/Certification #

Complete This Section if you Served in the U.S. Armed Forces				
Branch of Service:	Honorable Discharge: Yes No		Period of Duty	From: To:

Are you at least eighteen (18) years of Age?	Yes	No
Have you ever been employed by the Town of Silt? (Show Below)	Yes	No
Have you ever been fired or asked to resign from any job during the last five years? (Show Below)	Yes	No

Employment History (Show past 10 years) ATTACH ADDITIONAL SHEET/RESUME IF NEEDED. Show most recent employment first

Employed By:			Your Job Title:
Address:	City, State, Zip:	County:	Employer Phone:
Supervisor's Name:	Supervisor's Title:	Employed From:	Employed To:
Salary:	Average hours worked per week:	Why did you leave?	May we contact this employer? Yes No
Duties:			
Employed By:			Your Job Title:
Address:	City, State, Zip:	County:	Employer Phone:
Supervisor's Name:	Supervisor's Title:	Employed From:	Employed To:
Salary:	Average hours worked per week:	Why did you leave?	May we contact this employer? Yes No
Duties:			
Employed By:			Your Job Title:
Address:	City, State, Zip:	County:	Employer Phone:
Supervisor's Name:	Supervisor's Title:	Employed From:	Employed To:
Salary:	Average hours worked per week:	Why did you leave?	May we contact this employer? Yes No
Duties:			
Employed By:			Your Job Title:
Address:	City, State, Zip:	County:	Employer Phone:
Supervisor's Name:	Supervisor's Title:	Employed From:	Employed To:
Salary:	Average hours worked per week:	Why did you leave?	May we contact this employer? Yes No
Duties:			
Employed By:			Your Job Title:
Address:	City, State, Zip:	County:	Employer Phone:
Supervisor's Name:	Supervisor's Title:	Employed From:	Employed To:
Salary:	Average hours worked per week:	Why did you leave?	May we contact this employer? Yes No
Duties:			

Employment History (Show past 10 years) ATTACH ADDITIONAL SHEET/RESUME IF NEEDED. (Continued)

Employed By:			Your Job Title:
Address:	City, State, Zip:	County:	Employer Phone:
Supervisor's Name:	Supervisor's Title:	Employed From:	Employed To:
Salary:	Average hours worked per week:	Why did you leave?	May we contact this employer? Yes No

Duties:

Employed By:			Your Job Title:
Address:	City, State, Zip:	County:	Employer Phone:
Supervisor's Name:	Supervisor's Title:	Employed From:	Employed To:
Salary:	Average hours worked per week:	Why did you leave?	May we contact this employer? Yes No

Duties:

Employed By:			Your Job Title:
Address:	City, State, Zip:	County:	Employer Phone:
Supervisor's Name:	Supervisor's Title:	Employed From:	Employed To:
Salary:	Average hours worked per week:	Why did you leave?	May we contact this employer? Yes No

Duties:

References (List three references other than relatives or previous employers)

Last Name:	First Name:	Contact number:	How long known:
Last Name:	First Name:	Contact number:	How long known:
Last Name:	First Name:	Contact number:	How long known:

Additional Information (Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying)

NOTICE-PLEASE READ CAREFULLY

If you are the successful applicant and are required by law to maintain a CDL (Commercial Driver’s License) or are in an employment position that is designated as "Safety Sensitive", you will also be required to participate in a random drug and alcohol testing program. The successful applicant may also be required to take a physical examination from the Town's designated physician, with reference to the job description. All job offers are made contingent on successful completion of pre-employment background investigations, drug screens, and physical examination.

The Town of Silt is an equal opportunity employer and does not discriminate against any person in recruitment, examination, appointment, training, promotion, retention of any other personnel actions because of political or religious opinions, affiliations, race, color, national origin, gender, sexual orientation, genetic information, disability, or other non-merit factors.

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize The Town of Silt and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment as a contingency of my employment. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; workers compensation records, motor vehicle records, including traffic citations and registration; and any other public records.

I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may remove my name from the eligible list, or if I have already been employed cause my dismissal from the position. I also agree that ALL statements made on this application may be investigated. This authorization and certification applies to all applications submitted, whether in person, by fax, or e-mail.

Signature: _____

Date: _____



The Town of Silt is an
Equal Opportunity Employer