

Town of Crested Butte Employment Application Form

Date Received	//
Date Reviewed	//

PLEASE PRINT CLEARLY AND COMPLETE ALL 3 PAGES OF THE APPLICATION

PERSONAL INF	ORMATION				
Date://					
Name:			<u> </u>		
La Fmail:		First	Middle		
Email:					
Mailing Address:					
ividiling Address.			City/To	own Stat	e Zip Code
Best Phone to Reach	You: ()		Are you at least	18 years of age:	
EMPLOYMENT	DESIRED				
Position(s) applying for	:		Ch	neck box if available	to work, write hours in blank
I would like to get paid:	\$/hr OR \$	/Yr		Monday	Friday
I will not be able to wor	k for less than \$	_/hr OR \$	/Yr	Tuesday	Saturday
				Wednesday	Sunday
				Thursday	_
How many hours would	l you be willing to worl	k weekly?	(Can you work nights?	Yes No
Employment desired (cl	heck all that apply):	Seasonal F	T Seasonal P	T Year-Round I	-T Year-Round PT
Date you can start:			Last day you can v	vork (seasonal only):	
Referred by (if not refer	rred, please tell us how	v your found out	about the position)):	
		_			
EDUCATION	Name & Locat	tion of School	# of Years	5 Did you	Subjects Studied/
	(City &	State)	Attended	Graduate?	Degree Earned
High School 1 st College					
2 nd College					
Bus. or Trade School					
Professional School					
GENERAL					
Please List any Intern	ships, Subjects of Sp	ecial Study or R	esearch Work:		
Special Skills or Job-F	Related Assets:				
List any Eytra Currieu	ular Activitios/Organi	zations and loss	ath of time you w	ore a part of them.	
List any Extra Curricular Activities/Organizations and length of time you were a part of them:					

Name of Employer	Name of Supervisor	Employment Date		
City, State		From:		
Phone Number		То:		
	Job Title:			
Reason for leaving (be specific):				
List the jobs you held, duties performed, skil company:	lls used or learned, advancement or promotions wh	hile you worked at this		
Name of Employer	Name of Supervisor	Employment Date		
City, State		From:		
Phone Number		То:		
	Job Title:			
Name of Employer	Name of Supervisor	Employment Date		
	Name of Supervisor	Employment Date		
City, State	Name of Supervisor			
City, State	Name of Supervisor Job Title:	From:		
Name of Employer City, State Phone Number Reason for leaving (be specific):	Job Title:	То:		
City, State Phone Number Reason for leaving (be specific):		From: To:		
City, State Phone Number Reason for leaving (be specific): List the jobs you held, duties performed, skil company:	Job Title:	From: To:		
City, State Phone Number Reason for leaving (be specific): List the jobs you held, duties performed, skil	Job Title:	From: To:		
City, State Phone Number Reason for leaving (be specific): List the jobs you held, duties performed, skil company: Name of Employer	Job Title:	From: To: hile you worked at this Employment Date		
City, State Phone Number Reason for leaving (be specific): List the jobs you held, duties performed, skil company: Name of Employer City, State	Job Title:	From: To: hile you worked at this Employment Date From:		

PERSONAL					
Are you able to continually lift 5	Olbs (Requirement for cert	ain departments)?	YesNo		
If not, explain:					
Do you have a valid Driver's Lice	nse? Yes No				
Do you have reliable means of to	ransportation to work?				
Driver's License #	State of Issue	: Class:	Expiration D	Oate:	
Have you had any motor vehicle	accidents in the last 3 yea	rs? Yes No			
If yes, please briefly explain wha	t and when it happened:				
REFERENCES: Please list 3				T	
Full Name	Phone Number	How You Ki	now	Years Known	
1.					
2.					
3.					
An application form sometimes Use the space below to summar specific position(s) for which you	ize any additional informat u are applying. Please inclu	tion necessary to describ ude the reason you woul	e your full qua d like the job y	lifications for the vou're applying for.	
"I certify that all the informatic any false information, omission employed, my employment ma to the Town of Crested Butte's terminated with or without no	n, or misrepresentation are by be terminated at any timus rules and regulations, and	discovered, my applicatine. In consideration of my I agree that my employm	on may be reje employment,	ected and, if I am I agree to conform	
Signature: Date:					