

Town of Crested Butte Employment Application Form

Date Received	//
Date Reviewed	//

PLEASE PRINT CLEARLY AND COMPLETE ALL 3 PAGES OF THE APPLICATION

PERSONAL IN	FORMATION					
Date://_						
	ast First	Middle		Maiden		
	Street	City/Town	State	Zip Code		
_				- 		
	PO Box or if same as Physical Address, write "SAME"	City/Town		Zip Code		
Best Phone to Reac	h You: ()	Are you at least 18	years or age:			
EMPLOYMEN	ΓDESIRED					
Position(s) applying fo	r:	Chec	k box if available to	work, write hours in blank		
I would like to get paid	l: \$/hr OR \$/Yr	Mo	onday	Friday		
I will not be able to wo	ork for less than \$/hr OR \$	/Yr Tu	esday	Saturday		
		W	ednesday	Sunday		
		Th	ursday			
How many hours woul	d you be willing to work weekly?	Can	you work nights?	Yes No		
Employment desired (check all that apply): Seasonal FT	Seasonal PT	Year-Round FT	Year-Round PT		
	erred, please tell us how your found out a		,,			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
EDUCATION.	Name & Location of School	# of Years	Did you	Subjects Studied/		
EDUCATION	(City & State)	Attended	Did you Graduate?	Subjects Studied/ Degree Earned		
High School						
1 st College						
2 nd College Bus. or Trade School						
Professional School						
			<u> </u>			
GENERAL						
Please List any Inter	nships, Subjects of Special Study or Re	search Work:				
Special Skills or Job-	Related Assets:					
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:	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 references who are not related to you, whom you have known for at least one year.						
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 information any false information, omission employed, my employment mate 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:						