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|------------------------|
| Office Use Only |
| Date Rec'd: |
| Interview Sch'd: |
| Rejection Ltr Sent: |
| Background Com: |
| Date Hired: |

EMPLOYMENT APPLICATION

Please type or print clearly in ink
 ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED

| PERSONAL HISTORY | | | | | |
|--|-------|-------------------|--|------------------|-------|
| Last Name | First | M.I. | Date | | |
| Driver's License | | State | DL# | Exp. | Class |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Phone | | E-mail Address | | | |
| Date Available | | Desired Salary | | | |
| Position for which you are applying for: | | | | | |
| Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary | | | | | |
| If hired, can you show verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Are you related to any person currently working for the City of Colfax or to any person who currently serves on the City Council or are personal friends with any person currently employed by the City of Colfax? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If yes, please provide: | | | | | |
| Name | | Position | | Relationship | |
| Have you ever been convicted of any violation of the law? Exclude minor traffic violations other than drunk and/or reckless driving and any misdemeanor marijuana convictions over two years old. (A conviction is not necessarily a bar to employment; however, failure to list all convictions may result in termination from the examination process or employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Please state offense, date, location and disposition of the case: | | | | | |
| EDUCATION AND TRAINING | | | | | |
| Highest Grade Completed: (circle) High School 1 2 3 4 College 1 2 3 4 5 6 7 Graduate 1 2 3 4 | | | | | |
| High School | | | Address | | |
| From | To | Did you graduate? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| College | | | Address | | |
| From | To | Did you graduate? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree | |
| Other | | | Address | | |
| From | To | Did you graduate? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree | |
| List current certificates of professional competence, licenses, membership in professional associations: | | | | | |

This section must be completed – resumes may also be attached to further describe your qualifications. List all employment emphasizing experience directly related to the position for which you are applying. If qualifying experience is part time or voluntary, list the number of hours per week spent doing the work. List all positions you have held and periods of unemployment for the past ten years. Include all periods of self-employment and U.S. Military Service. List each promotion separately. If additional space is required, use copies of this side of the application or a separate sheet prepared in the same format and attach to the application. *Be sure to sign and date any attached sheets.*

| EMPLOYMENT HISTORY | |
|--|--|
| Company | Phone () |
| Address | Supervisor |
| Job Title | |
| Starting Salary \$ <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo | Ending Salary \$ <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo |
| Responsibilities | |
| Number of employees supervised | |
| From To | Reason for Leaving |
| Name and Title of your Supervisor | |
| May we contact your employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Company | Phone () |
| Address | Supervisor |
| Job Title | |
| Starting Salary \$ <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo | Ending Salary \$ <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo |
| Responsibilities | |
| Number of employees supervised | |
| From To | Reason for Leaving |
| Name and Title of your Supervisor | |
| May we contact your employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Company | Phone () |
| Address | Supervisor |
| Job Title | |
| Starting Salary \$ <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo | Ending Salary \$ <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo |
| Responsibilities | |
| Number of employees supervised | |
| From To | Reason for Leaving |
| Name and Title of your Supervisor | |
| May we contact your employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Add additional sheets, if necessary | |

| MILITARY SERVICE | |
|---|-------------------|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, please explain | |
| Signature | Date |
| ADDITIONAL INFORMATION | |

1. Were you ever discharged or forced to resign from any position? Yes No
 If yes, please explain: _____

2. What days and hours are you available to work? _____

3. If applying for temporary work, during what period of time will you be available? From _____ to _____

4. Are you available to work on weekends? Yes No

5. Would you be available to work overtime, if necessary? Yes No

6. Do you speak, write and understand any foreign language? Yes No
 If yes, which language(s)? _____

7. Do you have any other experience, training, qualifications or skills that you feel make you especially suited for work with the City of Colfax? If so, please explain: _____

8. Have you ever applied to or worked for the City of Colfax? Yes No
 If so, when? _____

9. Why are you applying for work at the City of Colfax? _____

10. If hired, do you have a reliable means of transportation to and from work? Yes No

11. Are you at least 18 years of age? Yes No
 (if under age 18, hire is subject to verification that you are of minimum legal age)

12. If hired, can you present evidence of your US citizenship or proof of your legal right to live and work in this country? Yes No

13. Are you able to perform the essential functions of the job for which you are applying? Yes No
 If not, describe the functions that cannot be performed: _____

(Note: The City complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions)

14. Are you able to perform all other duties of the job for which you are applying? Yes No
 If not, describe the functions that cannot be performed: _____

(Note: Hiring may be subject to passing a medical examination as well as skill and agility tests)

15. Have you obtained any special skills or abilities as the result of service in the military? Yes No
 If so, please describe: _____

16. If you are applying for a professional position, please answer the following questions:
 Are you licensed or certified for the job applied for Yes No

Name of license/certification: _____

Issuing Date: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reasons(s), date of revocation or suspension and date of reinstatement _____

REFERENCES

List three professional references who have knowledge of your work performance within the last three years (you may attach other references as well)

| | | | |
|------------|--|----------------------------|--|
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Occupation | | Number of years acquainted | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Occupation | | Number of years acquainted | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Occupation | | Number of years acquainted | |

- I hereby certify that I have not knowingly withheld information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. _____ (initial)
- I hereby authorize the City to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the City any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the City, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. _____ (initial)
- I understand that nothing contained in the application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract with the City. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the City, and that no promises or representations contrary to the foregoing are binding on the City unless made in writing and signed by me and the City's designated representative. _____ (initial)
- I agree to be fingerprinted, to submit to a drug test, to submit to a complete medical exam and furnish such proof of meeting the conditions of employment as may be required. _____ (initial)

Signature of Applicant: _____ Date: _____

To assist in our outreach efforts, please indicate how you first learned about this job opening:

Newspaper (please specify by title): _____ Posted Bulletin (where): _____

Other Publication (please specify by title): _____ Other (please specify): _____

EQUAL EMPLOYMENT POLICY

Equal Employment Opportunity

It is the policy of the City of Colfax to comply with all applicable federal, state, and local laws prohibiting employment discrimination. The City of Colfax is committed to providing a work environment free from discrimination and harassment.

Policy

Consistent with existing city, state, and federal laws, it is the policy of the City of Colfax to provide a work environment that is free from discrimination, and promotes equal employment opportunity and equitable treatment of all employees. The City of Colfax will not tolerate any form of harassment based on a race, color, citizenship status, national origin, ancestry, gender, pregnancy, sexual orientation, gender identity or expression, genetic information, age, religion, creed, physical or mental disability, marital status, veteran status, political or religious affiliations, or any other characteristic protected by law.

Authorization

The City of Colfax complies with all applicable federal, state, and local laws prohibiting discrimination in employment, including:

Americans with Disabilities Act (ADA)

The federal ADA prohibits discrimination in employment on the basis of disability and requires employers to provide reasonable accommodations to employees and applicants for employment. The City of Colfax is required to honor a reasonable accommodation request from an applicant or an employee who is a qualified individual with a disability; unless the City of Colfax can demonstrate that the accommodation would impose an undue hardship.

Civil Rights Act of 1964 (Title VII)

Title VII of the Civil Rights Act of 1964 prohibits employers from discriminating against applicants or employees on the basis of race, color, religion, sex, or national origin. Retaliation, sexual harassment, and harassment because of national origin are also prohibited. Title VII protects individuals from discrimination in compensation, terms, conditions, and privileges of employment. It was amended in 1978 to prohibit discrimination based on pregnancy.

Age Discrimination in Employment Act (ADEA)

The ADEA prohibits employers from discriminating against applicants or employees over the age of 40. The act also bans any involuntary retirement with the exception of a very limited number of pensions.

Equal Pay Act of 1963

The Equal Pay Act prohibits employers from paying employees differently on the basis of gender.

EQUAL EMPLOYMENT OPPORTUNITY DATA

To be completed by applicant:

All information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will *not* become part of your personnel record if this city hires you. Completion of this form is optional, however, at very least, please write your name.

Name: _____

Sex: Male Female

Race/Ethnicity:

- Native America: Persons descended from the original people of North America including Native Americans, Aluets and Eskimos who identify themselves or are known as such by virtue of tribal affiliation or community recognition.
- Hispanic: Persons descended from Mexican/American heritage or Latin American countries.
- Caucasian: Persons descended from Indo-European countries except for those included in other groups.
- African/American/Black: Persons of African descent, including Black persons with Spanish surnames as well as Trinidadian, Jamaican and West Indies countries.
- Asian/American: Persons of Chinese, Japanese, Korean including all Indo-Chinese descent.
- Filipino: Persons of Filipino descent.
- Pacific Islander: Persons of Polynesian descent who are not included in any other group.
- Mediterranean: Persons of Portuguese, Spanish, Greek and Italian descent.

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Individual with a Disability

To be completed by employer:

EEO-1 Category:

- | | |
|--|---|
| <input type="checkbox"/> 1. Officials and managers | <input type="checkbox"/> 6. Crafts – skilled |
| <input type="checkbox"/> 2. Professionals | <input type="checkbox"/> 7. Operatives – semi skilled |
| <input type="checkbox"/> 3. Technicians | <input type="checkbox"/> 8. Laborers – unskilled |
| <input type="checkbox"/> 4. Sales | <input type="checkbox"/> 9. Service workers |
| <input type="checkbox"/> 5. Office and clerical | |

Employer information completed by:

Name: _____ Date: _____