

EMPLOYMENT APPLICATION

Date Rec'd:

Interview Scheduled:

Rejection Ltr Sent:

Background Complete:

Date Hired:

Please type or print clearly in ink ALL APPLICANTS MUST COMPLETE ALL SECTIONS OF THIS APPLICATION

PERSONAL HISTORY											
Last Name				First				M.I.	M.I. Date		
Street Address								Apartment/Unit #			
City				State				ZIP			
Phone				E-mail Address							
Date Available				Desired Salary							
Position for which you are applying:											
Type of Employment Desired Full Time Part Time Temporary											
If hired, can you show ve	erification of	your legal right to work	in th	e Unite	d Stat	tes?	□ Yes	□ 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? Yes No											
If yes, please provide:											
Name			Po	osition				Relationship			
EDUCATION AND TRA	INING		I								
High School			Address								
From To		Did you graduate?		Yes		No	Degree				
College			Ado	dress							
From To		Did you graduate?		Yes		No	Degree				
Other			Ado	dress							
From To		Did you graduate?		Yes		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							
Responsibilities							
Number of employees supervised							
From To Reason for Leaving							
Name and Title of your Supervisor							
May we contact your employer for a reference?							
Company			Phone ()			
Address			Supervisor				
Job Title							
Responsibilities							
Number of employees supervised							
From To	Reason for Leaving						
Name and Title of your Supervisor							
May we contact your employer for a reference?							
Company Phone ()							
Address							
Job Title							
Responsibilities							
Number of employees supervised							
rom To Reason for Leaving							
Name and Title of your Supervisor							
May we contact your employer for a reference?							
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? If yes, please explain:		Yes		No	
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? If yes, which language(s)?		Yes		No 	
7.	Do you have any other experience, training, qualifications or skills that you feel make you especially suithe City of Colfax? If so, please explain:	ed fo	r work	with	า	
8.	Have you ever applied to or worked for the City of Colfax? If so, when?		Yes		No	
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 18, hire is subject to verification that you are of minimum legal age)					
12.	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 applicants/employees to perform essential functions)	for eli	gible			
13.	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)					
14.	Have you obtained any special skills or abilities as the result of service in the military?		Yes		No	
	If so, please describe:					

List three professional references who have knowledge of your work po (you may attach other references as well)				
	erformance wit	thin the I	ast three year	S
Full Name	Relation	ship		
Company	Phone			
Address				
Occupation	Number of years acquainted			
Full Name	Relation	ship		
Company	Phone			
Address				
Occupation	Number	of years	acquainted	
Full Name	Relation	ship		
Company	Phone	·		
Address				
Occupation	Number	of years	acquainted	
	-			at I, the undersigned applica
nave personally completed this application. I understand that or on any document used to secure employment shall be ground am employed, regardless of the time elapsed before discovery thereby authorize the City to thoroughly investigate my refere suitability for employment and, further, authorize the reference and other information related to my work records, without giverelease the City, my former employers and all other persons, or claims, demands or liabilities arising out of or in any way related understand that nothing contained in the application, or convemployment, if hired, is intended to create an employment companyment, if hired, is intended to create an employment companyment, at the option or either myself or the City, and that poinding on the City unless made in writing and signed by me and	ences, work r ces I have list ving me prior corporations, ed to such in veyed during ontract with t able period ar	tion of _ (initial record, ted to do notice partne vestigate any integral he City and may be or rep	this application) education ar isclose to the of such disclorability and action or discloration addition be terminate presentations.	of material fact on this application or for immediate discharged of other matters related to me City any and all letters, represented. In addition, I hereby associations from any and all assure (initial) may be granted or during myo, I understand and agree that end at any time, with or without some contrary to the foregoing as
or on any document used to secure employment shall be ground am employed, regardless of the time elapsed before discovery thereby authorize the City to thoroughly investigate my refere suitability for employment and, further, authorize the reference and other information related to my work records, without give elease the City, my former employers and all other persons, or claims, demands or liabilities arising out of or in any way related understand that nothing contained in the application, or convemployment, if hired, is intended to create an employment commemployed, my employment is for no definite or determination or notice, at the option or either myself or the City, and that be pointed in the City unless made in writing and signed by me and thurse of Applicant:	ences, work reces I have list ving me prior corporations, ed to such inveyed during ontract with table period are in opromise and the City's	tion of _ (initial ecord, ted to do notice partne vestigate any interesting and may as or repute designate.	this application) education arisclose to the of such discloration or discloration or discloration be terminated representation. In addition be terminated resentation.	of material fact on this application or for immediate discharged of other matters related to me City any and all letters, represented. In addition, I hereby associations from any and all essure (initial) may be granted or during my and all esture and the data any time, with or without a contrary to the foregoing a nutative (initial)
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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 EMPLOYEMENT 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 Amer	rican countries.								
☐ Caucasian: Persons descended from Indo-European countries except for thos	Caucasian: Persons descended from Indo-European countries except for those included in other groups.								
☐ African/American/Black: Persons of African descent, including Black persons									
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 o	ther group.								
☐ Mediterranean: Persons of Portuguese, Spanish, Greek and Italian descent.									
information is voluntary and will assist us in proper placement and reasonable accomidentified as qualifying for such placement or accommodation, please check where a Vietnam Era Veteran Disabled Veteran Individual with a Disability	-								
To be completed by employer:									
EEO-1 Category:									
☐ 1. Officials and managers ☐ 6. Crafts – skille									
□ 2. Professionals □ 7. Operatives −									
□ 3. Technicians □ 8. Laborers – ur									
□ 4. Sales □ 9. Service works	ers								
5. Office and clerical									
Employer information completed by:									
Name: Date:									