



APPLICATIONS ACCEPTED FOR
CURRENT JOB OPENINGS ONLY

APPLICATION FOR EMPLOYMENT

Town of Ault, Colorado

www.aultcolorado.gov/jobs

The Town of Ault strives to attain complete compliance with all provisions of Equal Employment Opportunity laws.

Position(s) applied for: _____ Date: _____
(List specific title of job. Applications are accepted for currently posted positions ONLY.)

Type of employment you are interested in: Full-Time Part-Time Seasonal/Temp

Name: _____
Last Name First Name Middle Name

Present Address: _____
Mailing Address City State Zip

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Preferred Contact: Home Work Cell

Email Address: _____

How did you hear about the position you are applying for? _____

SCHOOL	ADDRESS	COURSE OF STUDY	YEARS ATTENDED	DID YOU GRADUATE?	DIPLOMA OR DEGREE
High School					
College or University					
College or University					
Other					

Are you bilingual? Yes No If yes, in what language(s)? _____

List equipment you are proficient using: _____

List any other experiences, skills, or qualifications you feel are relevant to the position you are applying for (include relevant certifications and professional licenses):

Do you have a valid driver's license? Yes No

State issued: _____ Number: _____ Type: _____

Have you ever been convicted of ANY law violation (with the exception of a minor traffic violation)?

NOTE: An affirmative answer to this question will not necessarily disqualify you from employment. Yes No

If yes, list, including type and date of convictions(s): Attach paper if necessary.

You must submit a copy of your Motor Vehicle Record with this application.

Except for Police Department Positions

List most recent employer first. **This page must be completed. (DO NOT say “see resume”)**

Name of Employer:	Employed From:
Address:	To:
	Starting Pay:
Telephone:	Ending Pay:
Your Title:	Supervisor:
Duties:	Reason for Leaving:

Name of Employer:	Employed From:
Address:	To:
	Starting Pay:
Telephone:	Ending Pay:
Your Title:	Supervisor:
Duties:	Reason for Leaving:

Name of Employer:	Employed From:
Address:	To:
	Starting Pay:
Telephone:	Ending Pay:
Your Title:	Supervisor:
Duties:	Reason for Leaving:

Personal References: (List three references who are not relatives or former employers)

Name and Occupation	Address	Telephone Number

I certify that the answers given by me to the forgoing questions and statements are true and correct without consequential omissions of any find whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me in this questionnaire. I also authorize the companies, schools, or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I understand that as employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without cause, the employer's only obligation being to pay salary or wages due and owing at the time of the termination.

Signature: _____ Date: _____