

**TOWN OF STRATTON, COLORADO**  
**John G. Clark Municipal Pool**  
**Employment Application**

We are an Equal Opportunity Employer

*The Town of Stratton Promotes a Drug and Alcohol Free Workplace*

- Print neatly in ink or type.
- Please use your full, legal name
- Resumes may be attached but will not be accepted in lieu of a completed application.
- Read all information/disclaimers on this application.
- Answer all questions completely and sign the application
- If you have any questions or need assistance, please contact Town of Stratton at (719)-348-5612.

<b>Job Data</b>	
Job Title Applying For:	Date you will be available for employment:

<b>Personal Data</b>			
Name: Last:		First:	Middle Initial:
Address:			
City:		State:	Zip:
Phone	Days:	Evenings:	Alternate:
E-mail:		Social Security #:	
All applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have the legal right to work in the U.S.? Please explain:			
Date of birth (if less than 18):			
Have you ever worked or volunteered for the Town of Stratton? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give dates:			
Have you been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details including dates, charges, and disposition. Convictions are not an absolute bar to employment. Consideration is given to the offense and its relationship to the position for which you are applying.			
Have you ever been discharged from a position or resigned to avoid being discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Please list other names you have used:			

Have you ever worked with children before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
Do you have current lifesaving? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date expires:
Do you have current first aide? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date expires:
Do you have current WSI? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date expires:
Do you have any physical impairment that would prevent you from performing the duties of the job you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.

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**Education** *Note: Complete this application in its entirety; an incomplete application will not be accepted. Resumes may be attached but will not be accepted in lieu of a completed application.*

Did you graduate from high school or do you have a G.E.D.?  Yes  No      High School Name: \_\_\_\_\_  
 If No and you are still attending, what grade level are you in?      Location: \_\_\_\_\_

Name of College or Trade/Technical/Business Or Other School(s) Attended	Course of Study	Diploma & Year

**Employment History**

Current or most recent employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: (street, city, state) \_\_\_\_\_  
 Your title/work duties: \_\_\_\_\_

Employment dates	From (month/year):	To (month/year):
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Supervisor's name/title: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 May we contact this employer if you are considered for the position?  Yes  No

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: (street, city, state) \_\_\_\_\_  
 Your title/work duties: \_\_\_\_\_

Employment dates	From (month/year):	To (month/year):
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Supervisor's name/title: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 May we contact this employer if you are considered for the position?  Yes  No

**Skills Overview**

Please summarize relevant skills and experience that exemplify your qualifications for the above position:

**References** (Please list 3 personal references (Please do not include relatives or former employers))

Name	Phone	Years Known

**Conditions of Consideration for Employment**

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_