An Equal Opportunity Employer

Job Line: (303) 289-3618

7887 East 60th Avenue
Commerce City, Colorado 80022
Telephone (303) 289-3624 Fax: (303) 227-8773
www.c3gov.com

Please **TYPE** or **PRINT** all information in dark ink.	An incomplete application may **delay or disqualify** you.

APPLICATION FOR EMPLOYMENT

Commerce City does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is the City's intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related

Job #:_____ Position Applied For: _____ Date:_____

GENERAL INFORMATION

Last Name:	First Name:	Middle Initial:	Other names:
Social Security Number (optional):	Primary Telephone Number:	Secondary Telephone Number:	
Street Address:			
City:	State:	Zip:	E-mail:

Minimum acceptable pay: $ Per:	For Driving Jobs Only: Do you have a valid driver's license? Yes ☐ No ☐ If you have a Commercial Driver's License, what type?	• If hired, can you furnish proof you are eligible to work in the U.S.? Yes ☐ No ☐ • Are you at least 18 years of age? Yes ☐ No ☐ • Have you ever been employed by Commerce City? Yes ☐ No ☐ • If yes, what year? • Do you have any relatives currently employed by Commerce City? Yes ☐ No ☐ • If yes, name of relative: • Are you bilingual? Yes ☐ No ☐ • If yes, what languages other than English?

EDUCATION

Do you have a high school diploma or GED? Yes ☐ No ☐

Institution Type	Institution Name	Degree or Years Attended	Course or Area of Study
Vocational/Technical			
Community College			
College/University			
Graduate Program			

OTHER TRAINING OR QUALIFICATIONS

List any military training, certifications, apprenticeships, or other significant training:

COMPUTER SKILLS

Describe your computer experience and skills:

FOR POLICE OFFICERS ONLY

Are you P.O.S.T. Certified? Yes ☐ No ☐	P.O.S.T. Academy attended:

List previous employment beginning with most recent. Your present employer will not be contacted without your approval. **This section must be completed even if you attach a resume.**

Employer:	From:	To:
Address:	Reason for Leaving:	
	Primary Duties:	
Phone Number:		
Position:		
Ending Salary:		
Supervisor's Name:		
May we contact this employer? ☐Yes ☐No		
Employer:	From:	To:
Address:	Reason for Leaving:	
	Primary Duties:	
Phone Number:		
Position:		
Ending Salary:		
Supervisor's Name:		
Employer:	From:	To:
Address:	Reason for Leaving:	
	Primary Duties:	
Phone Number:		
Position:		
Ending Salary:		
Supervisor's Name:		
Employer:	From:	To:
Address:	Reason for Leaving:	
	Primary Duties:	
Phone Number:		
Position:		
Ending Salary:		
Supervisor's Name:		

Have you ever been convicted of any law violation, including pleas of "guilty" or "no contest"? Exclude minor traffic violations. Conviction of a violation will not necessarily exclude an applicant from consideration for employment.

Yes ☐ No ☐ If yes, provide details:

APPLICANT STATEMENT

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination and background investigation. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditional upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. **I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

By submitting this application, I acknowledge that I have read and understand the Applicant Statement

Signature_____ Date_____