



# Application for Employment

**EQUAL OPPORTUNITY STATEMENT**  
 The City of Durango does not discriminate on the basis of race, color, national origin, gender, religion, age, sexual orientation, or disability in employment or the provision of services. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. Every applicant must complete this form, along with any submitted resume.

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Mailing Address \_\_\_\_\_  
Street City State Zip

Telephone No. \_\_\_\_\_ E-Mail \_\_\_\_\_  
(Home) (Work)

How long have you lived at above address? \_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the U.S.? **Yes** or **No**

Have you ever been convicted of a crime, including misdemeanors? \_\_\_\_\_

If yes, describe in full (a conviction will not necessarily disqualify an applicant for employment) \_\_\_\_\_  
 \_\_\_\_\_

Would you work: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Weekends \_\_\_\_\_ Shifts

Specify days and hours if you want to work only part-time: \_\_\_\_\_

Have you ever applied here before? \_\_\_\_\_ If yes, when and for what position? \_\_\_\_\_

Have you been previously employed by us? \_\_\_\_\_ If yes, when and in what capacity? \_\_\_\_\_

If your application is considered favorably, what is the earliest date you will be available for work? \_\_\_\_\_

List any of your relatives working for the City and their relationship to you: \_\_\_\_\_

Why are you applying for this position? \_\_\_\_\_  
 \_\_\_\_\_

What are your long-range work goals? \_\_\_\_\_  
 \_\_\_\_\_

On the following page, list names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Attach extra sheet if more room is needed. **NOTE: A job offer may be contingent upon acceptable references from current and former employers.**

**1. Company Name** \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Business Fax No. \_\_\_\_\_  
Business E-mail \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
**FROM** (Month, Year) – **TO** (Month, Year)

Describe in detail the work you did: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Last Salary \$ \_\_\_\_\_/hr. or year \_\_\_\_\_

**2. Company Name** \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Business Fax No. \_\_\_\_\_  
Business E-mail \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
**FROM** (Month, Year) – **TO** (Month, Year)

Describe in detail the work you did: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Last Salary \$ \_\_\_\_\_/hr. or year \_\_\_\_\_

**3. Company Name** \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Business Fax No. \_\_\_\_\_  
Business E-mail \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
**FROM** (Month, Year) – **TO** (Month, Year)

Describe in detail the work you did: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Last Salary \$ \_\_\_\_\_/hr. or year \_\_\_\_\_

**4. Company Name** \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Business Fax No. \_\_\_\_\_  
Business E-mail \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
**FROM** (Month, Year) – **TO** (Month, Year)

Describe in detail the work you did: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Last Salary \$ \_\_\_\_\_/hr. or year \_\_\_\_\_

**5. Company Name** \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Business Fax No. \_\_\_\_\_  
Business E-mail \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
**FROM** (Month, Year) – **TO** (Month, Year)

Describe in detail the work you did: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Last Salary \$ \_\_\_\_\_/hr. or year \_\_\_\_\_

### MILITARY EMPLOYMENT

Did you serve in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Number of years served: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

List duties in the service including special training: \_\_\_\_\_

### RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed	Did you graduate?	List diploma or degree
High/ GED			1 2 3 4	___ Yes	
				___ No	
College			1 2 3 4	___ Yes	
				___ No	
Other (Specify)			1 2 3 4	___ Yes	
				___ No	

What machines, types of vehicles, office equipment can you operate that relate to the job for which you are applying? \_\_\_\_\_

Typing speed (words per minute): \_\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for work with the City? \_\_\_\_\_

Have you worked or attended school under any other names? **Yes** or **No** If yes, give names: \_\_\_\_\_

Are you presently employed? **Yes** or **No** May we contact your current employer? **Yes** or **No** If yes, who? \_\_\_\_\_

Have you ever been fired or asked to resign from a job? **Yes** or **No** If yes, please explain: \_\_\_\_\_

#### REFERENCES (Not relatives or supervisors noted in work history)

Name and Occupation	Address	Phone Number

*Be sure to go on to Page 4 >*

Do you currently have a valid driver's license? \_\_\_\_\_ If so, give license number: \_\_\_\_\_  
 State issued \_\_\_\_\_ and Class \_\_\_\_\_  
 Have you ever had your license revoked or suspended in any state? \_\_\_\_\_ If yes, give date \_\_\_\_\_  
 Location \_\_\_\_\_ Length of suspension \_\_\_\_\_  
 Reason for suspension \_\_\_\_\_  
 Have you had any accidents during the past three years? \_\_\_\_\_ If yes, explain each in detail giving date and  
 circumstances \_\_\_\_\_  
 \_\_\_\_\_  
 Have you received any moving violation during the past three years? \_\_\_\_\_ If yes, explain each in detail giving  
 date and circumstances \_\_\_\_\_  
 \_\_\_\_\_  
 Are you eligible to obtain a CDL license if necessary for the position? **Yes or No**

**City of Durango  
 Department of Human Resources**



**City of Durango  
 949 East Second Ave.  
 Durango, CO 81301-5109**

***THE STATEMENT BELOW MUST BE COMPLETED IN FULL OR APPLICATION WILL NOT BE CONSIDERED FURTHER.***

I, \_\_\_\_\_  
 (Print name)

am an applicant for the position of \_\_\_\_\_ with the City of Durango, Colorado. The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I understand that a confidential background check may be performed on me, and that appointment to any City position is dependent upon the satisfactory completion of this check. I understand I may be required to successfully pass a drug screening examination. 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 conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information, as allowed by law and as may be deem necessary to judge my capability to do the work for which I am applying. I release the City to check with any employer, other references listed on this application, schools or colleges, criminal justice records, motor vehicle records or any other resource. I authorize all such resources to answer all questions and provide such information as requested by the City, and I release all such resources from any liability or consequences which may result from providing such information.

I have read and understand the above:

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

This application for employment will remain active for a limited time. Ask the human resources representative for details.



**CITY OF DURANGO**  
**DEPARTMENT OF HUMAN RESOURCES**  
**AFFIRMATIVE ACTION STATISTICS**

Dear Applicant:

The City of Durango, Colorado is an Equal Opportunity Employer. The information requested below will be used to provide background information to help the City evaluate its affirmative action program, and to prepare statistics required by the United States Equal Employment Opportunity Commission. This form must be completed as part of the application process. If you are mailing the application back, the Affirmative Action Statistics form may be included with the application or mailed separately. Once received in our office, it will be immediately separated from the application. The City is interested only in the accurate response to the questions asked. Please do not place your name, social security number, or other identification on this form.

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

Position Applied For: \_\_\_\_\_

Sex: Male ( ) Female ( )

Citizenship: U.S. ( ) Other ( ) \_\_\_\_\_

Age: \_\_\_\_\_

Race or Ethnic Identification: White ( ) Black ( ) Hispanic or Mexican American ( )  
Asian or Pacific Islander ( ) American Indian or Alaskan Native ( )  
Other ( ) \_\_\_\_\_

Where did you hear about the job? Word of Mouth ( ) Newspaper Advertisement ( ) Through School ( )  
Walk-In ( ) City Bulletin Board Announcement ( ) City Web Site ( )  
Other ( ) \_\_\_\_\_