



APPLICATION FOR EMPLOYMENT

**An Equal Opportunity Employer**

**We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.**

TOWN OF GRANBY  
PO BOX 440 | ZERO JASPER AVENUE  
GRANBY, COLORADO 80446  
970-887-2501

Date \_\_\_\_\_

Position: \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Date available to begin employment \_\_\_\_\_

**WORK HISTORY** - 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 company's name and supply business references.

**Resume may be attached.**

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\_\_\_\_\_  
Employer Name                                      Address                                      Telephone Number

Dates of employment From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_  
Job Title and Major Duties

Reason for leaving \_\_\_\_\_

Supervisor Name \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

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Employer Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Dates of employment From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title and Major Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor Name \_\_\_\_\_ May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

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Employer Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Dates of employment From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title and Major Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor Name \_\_\_\_\_ May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

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**EDUCATION (High School, College, or Vocational)**

School/Location	Course of Study	No. of Years Completed	Did You Graduate?	Degree, Diploma Certificate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever worked or attended school under any other names?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide name(s) \_\_\_\_\_

List certifications and training applicable to this position:

\_\_\_\_\_

\_\_\_\_\_

If previously employed by the Town of Granby, specify position(s) and approximate date(s)

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If previously an applicant for a job with the Town of Granby, specify position(s) and approximate date(s)

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Indicate any relatives currently working for the Town of Granby

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Have you ever been convicted of any law violation (except a minor traffic violation?) Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, give details \_\_\_\_\_

(A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date and job for which you are applying will also be considered as well as if you are insurable under the Town's policies.)

**SPECIAL SKILLS**

What skills or experience do you have that are related to the job for which you are applying?

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What machines or equipment can you operate that are related to the job for which you are applying?

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**REFERENCES** (examples; teachers, pastors, coaches- do not include relatives or former employers)

Name	Years Acquainted	Occupation	Telephone
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Are you presently employed? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been fired from a job or asked to resign? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**If hired, you will be required to furnish proof of your eligibility to work in the U.S**

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

Driver's License Type \_\_\_\_\_                      State \_\_\_\_\_                      License No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Has your license ever been suspended or revoked in the last 3 years?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

**AFFIDAVIT, CONSENT AND RELEASE**  
**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

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. 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 that 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 EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE MANAGER OF THE TOWN OF GRANBY OR A DESIGNATED TOWN REPRESENTATIVE HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING SIGNED BY THE MANAGER OR THE REPRESENTATIVE AND THE EMPLOYEE. 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.

I have read, understand, and by my signature consent to these statements.

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

This application for employment will remain active for no more than 1-year from date of signature.

**Please send COMPLETED APPLICATION to NSCHAFER@TOWNOFGRANBY.COM**  
**Call 970-887-2501 with questions.**