

# CITY OF RIFLE

202 Railroad Avenue

Rifle, CO 81650

(970) 625-2121

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## APPLICATION FOR EMPLOYMENT

*The City of Rifle offers a smoke free environment, smoking is prohibited in all City buildings and vehicles.*

*Prospective employees will receive consideration for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, handicap, or any other legally protected status.*

**PRINT LEGIBLY IN DARK INK**

COMPLETE ENTIRE APPLICATION, DO NOT WRITE "SEE RESUME"

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

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

CITY

STATE

ZIP

**Preferred Contact #:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

*(Please Note: Updates regarding this position will only be sent to this email address)*

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Are you legally eligible for employment in the United States? \_\_\_\_\_ *(proof of citizenship or immigration status will be required upon employment)*

If previously employed by the City of Rifle, list job(s) and date(s): \_\_\_\_\_

Do any relatives by blood, marriage, or adoption work for the City of Rifle or serve in an elected or appointed position for the City of Rifle? \_\_\_\_\_ If yes, list name(s): \_\_\_\_\_

Are you willing to work: Overtime \_\_\_\_\_ Shifts \_\_\_\_\_ Part-time \_\_\_\_\_ Weekends \_\_\_\_\_ Temporary \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ If under 18 years of age, can you provide proof of your eligibility to work? \_\_\_\_\_

Have you been convicted of a felony within the past 7 years? \_\_\_\_\_ *(conviction will not automatically disqualify an applicant from employment)* If yes, please give type of felony, in what State it occurred, and punishment received: \_\_\_\_\_

**EDUCATION**

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	ATTENDANCE DATES	DEGREE OR DIPLOMA
High School				
College				
Graduate				
Other				
Other				

Scholarships/Academic Honors/Awards: \_\_\_\_\_

Do you have any language abilities that might help you perform the job for which you are applying? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Typing Speed \_\_\_\_\_ wpm Computer Software: \_\_\_\_\_

List equipment or office machines you can operate with high degree of skill: \_\_\_\_\_

List professional licenses you hold: \_\_\_\_\_

Do you have a valid Colorado Drivers License? \_\_\_\_\_ Number: \_\_\_\_\_ Class: \_\_\_\_\_

Is your driving privilege suspended or driver's license revoked by any state? \_\_\_\_\_ If yes, which state? \_\_\_\_\_

List any other volunteer and/or community work you feel might be helpful in determining your eligibility for employment: \_\_\_\_\_

What date would you be available for work? \_\_\_\_\_

**EMPLOYMENT EXPERIENCE** (Attach Additional Sheets if Necessary)

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Name of Employer – Most Recent		Telephone
Address City, State, Zip Code		Employed (mo/yr) From To
Title	Name of Last Supervisor	Pay Start \$ Final \$
Reason for Leaving		How Many Supervised?
Duties:		

Name of Employer		Telephone
Address City, State, Zip Code		Employed (mo/yr) From To
Title	Name of Last Supervisor	Pay Start \$ Final \$
Reason for Leaving		How Many Supervised?
Duties:		

Name of Employer		Telephone
Address City, State, Zip Code		Employed (mo/yr) From To
Title	Name of Last Supervisor	Pay Start \$ Final \$
Reason for Leaving		How Many Supervised?
Duties:		

**CERTIFICATION OF APPLICANT**

*Read carefully and initial each paragraph before signing.*

By my signature and initials placed below, I affirm under the penalty of perjury, that the information provided in this employment application (and accompanying resume, if any) is provided voluntarily, is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, even if the omission or falsehood does not directly relate to my job or is not discovered for many years.

\_\_\_\_\_Initials

I give my permission for a complete post-offer/pre-employment physical examination, including a drug screening exam and x-rays, and I consent to the release to the City of Rifle of any and all medical information, as may be deemed necessary by the City of Rifle, in judging my capability to do the work for which I am applying.

\_\_\_\_\_ Initials

I authorize the investigation of all statements contained in this application. I also authorize the City of Rifle to contact my present employer, past employers, and any listed references.

\_\_\_\_\_ Initials

I authorize a search of my criminal justice record and, if required for the position for which I am applying, consent to a polygraph test and/or credit check.

\_\_\_\_\_ Initials

I authorize any persons, schools, current employers and organizations named in this application form to provide the City of Rifle with relevant information and opinions that may be useful to the City of Rifle in making a hiring decision, and I release such persons and organizations from any legal liability for any such information furnished.

\_\_\_\_\_ Initials

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time subject to the provisions of the Personnel Policy Manual as the same may be amended. I understand that no person is authorized to change any of the terms mentioned in this employment application form.

\_\_\_\_\_ Initials

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

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

***THIS APPLICATION FOR EMPLOYMENT WILL REMAIN ACTIVE FOR ONE YEAR***