

# TOWN OF HUDSON

Employment Application



## APPLICANT INFORMATION

Last Name	First	M.I.	Today's Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	

Position Applied for

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If so, when?

If the job requires, do you have the appropriate valid driver's license? YES  NO  DL#/Type/State

Have you had any moving violations? YES  NO  Please describe

Have you been given a job description or had the requirements of the job explained to you? YES  NO

Do you understand these requirements? YES  NO

Can you perform the requirements of this job with or without reasonable accommodation? YES  NO

## EDUCATION

High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

## REFERENCES

Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

**PREVIOUS EMPLOYMENT**

Company \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**COMMENTS**

**APPLICANT NOTE**

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on Town policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the Town.

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_

Date \_\_\_\_\_

TOWN OF HUDSON

BACKGROUND INVESTIGATION CONSENT FORM

Use of this form is limited to the background investigation of a candidate for employment with the Town of Hudson. Permission is requested of the candidate to investigate a particular background of the candidate or employee as it directly relates to the duties of the position being sought. Not all levels of background investigation will apply to every employee position within the Town departments.

I. CONSENT

As an applicant for employment with the Town of Hudson, Colorado, I hereby grant permission to the Town of Hudson to investigate my background, employment history, credit standings, police record, and driving record as related to the position for which I am applying.

II AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize my previous employers, those listed as personal references, educational institutions and any other persons having knowledge of my potential suitability for employment, to release any job related information requested by the Town of Hudson. I do hereby release and discharge my previous employers, those listed as personal references, educational institutions and any other persons having knowledge of my potential suitability for employment from any liability, claim or demand of any nature whatsoever arising out of the dissemination of the information requested by the Town of Hudson.

In connection with this review of my suitability for employment in the position applied for, I am supplying the following information.

Yes No Do you have any pending felony charges? If so, please describe below.

Table with 3 columns: Incident, City/State, Charge. Rows 1 and 2.

Yes No Have you been convicted of a felony and / or served time? If so, please describe below. (In accordance with Town policy this information will be reviewed for job relatedness and time since last conviction.)

Table with 3 columns: Incident, City/State, Charge. Rows 1 and 2.

Print Full Name (Including Middle)

Date of Birth

Social Security Number

Signature of Applicant

Today's Date

Note: The information contained on this form is for the specific employment background purposes stated above and may not otherwise be released without the employee's consent.