



## Town of Mead

P.O. Box 626  
441 Third Street  
Mead, Colorado 80542-0626  
(970) 535-4477

### EMPLOYMENT APPLICATION

Town of Mead  
441 Third Street  
P.O. Box 626  
Mead, Colorado 80542  
970-535-4477

APPLICANT: \_\_\_\_\_

The information you provide in this employment application will be used to complete your background investigation and in determining your suitability for the position you are applying for. Please complete the questionnaire keeping in mind that:

- Completion of the entire Employment Application is mandatory.
- All statements are subject to verification.
- Inaccuracies or incomplete statements may cause your application to be rejected and your name to be removed from further consideration.
- All time periods in your background must be accounted for.
- Include both day and evening telephone numbers for all references you list.

It is to your advantage to be timely and open in your response. Any negative factor in your background will be evaluated in terms of circumstances and facts surrounding its occurrence and its degree of relevance to the position you are applying for. The investigating official will inquire into facts surrounding the occurrence. Any evaluation will then be made on the relevance of these facts to the requirements of the position.

**Please print in ink or type your responses to this questionnaire.** If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. Do not leave any portions blank. If you need more space than provided to respond to the question, use the reverse side of the page and identify the additional information by the question number. Any questions concerning the Employment Application should be directed to the Human Resources Department, Town of Mead, at 970-535-4477.

Applications for current vacancies must be received in person by the Town of Mead, Human Resources Department, 441 Third Street, Mead, CO 80542, or postmarked by the specified application deadline in order to be considered. Mailed applications must be sent to: Town of Mead, Human Resources Department, P.O. Box 626, Mead, CO 80542.

The Town of Mead is an Equal Opportunity Employer. Applicants are considered for positions for which they have applied without regard to race, color, religion, sex, age, national origin, disability, veteran status, or any other legally protected status.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
 (Print) Last                      First                      Middle                      Social Security #  
 Other names (including nicknames, maiden names, former married names, name changes resulting from adoptions, court actions, or other such matters) you have used or been known by: \_\_\_\_\_

Have you used any other Social Security Numbers (SSN) in the past?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
 If you answered "Yes", please explain in detail and list: \_\_\_\_\_

Present address: \_\_\_\_\_  
    Number                      Street                      City                      State                      Zip

Please list all addresses you have lived at for the last 10 years: (Attach additional sheets if necessary)

Number	Street	City	State	Zip

Phone Numbers: Home \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been convicted of a crime?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
 If yes, please explain \_\_\_\_\_

If hired, can you furnish proof that you are eligible to work in the U.S.?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

**EDUCATION/CERTIFICATIONS**

Type of School	Name, City & State	Years Attended From/To	Circle Highest Year Completed	Diploma, GED or Degree	List Degree and/or Area of Study
High School			9    10	Yes ___ No ___	
			11   12		
College (Undergraduate)		To	1    2	Yes ___ No ___	
			3    4		
		To	1    2	Yes ___ No ___	
			3    4		
College (Graduate)		To	1    2	Yes ___ No ___	
			3    4		
Trade School		To	1    2	Yes ___ No ___	
			3    4		

Other knowledge, skills & abilities relevant to position for which you are applying (i.e: apprenticeships, correspondence courses, software, office/other equipment, languages or other training not shown above):  
 \_\_\_\_\_  
 \_\_\_\_\_

List professional, trade, business or civic activities and offices held. You may exclude memberships (including union memberships) which would reveal race, color, religion, sex, age, national origin, disability, veteran status, or any other legally protected status. \_\_\_\_\_

# MOTOR VEHICLE OPERATION

An investigation of your driving history will be made. To expedite this procedure, please supply the following information:

Do you have a valid Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a current Commercial Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

Drivers License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

Name as it appears on license \_\_\_\_\_

Has any license ever been suspended or revoked, or have you been involved as a driver in a motor vehicle accident within the last 36 months?

\_\_\_\_ Yes \_\_\_\_ No If yes, please explain below (include when, where and why):

Nature of Violation	Location	Approximate Date	Fine or Other Action on Driver's License

Have you ever been convicted of a traffic offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain:

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Have you ever been convicted for operating a motor vehicle while impaired or under the influence of alcohol or drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain:

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Have you ever failed to appear, failed to pay fines or failed to comply for any traffic offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain:

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Do you currently have automobile insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No If not, explain:

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# EMPLOYMENT HISTORY

Please duplicate this page if necessary to account for all work experiences for at least the past 10 years. Start with your present or last job. Include any job-related military service assignments and volunteer activities. Account for all periods of time, including unemployment. You may exclude organizations that indicate race, color, religion, sex, age, national origin, disability, veteran status, or any other legally protected status. Attach additional sheets if necessary.

Present or Most Recent Employer	Dates Employed From _____ To _____		Work Performed
Address			
Telephone Number(s)	Rate of Pay Starting _____ Final _____		
Starting/Present Job Title			
Supervisor's Name and Title	May We Contact? _____ Yes _____ No If no, why not?		
Reason for Leaving			
Present or Most Recent Employer	Dates Employed From _____ To _____		Work Performed
Address			
Telephone Number(s)	Rate of Pay Starting _____ Final _____		
Starting/Present Job Title			
Supervisor's Name and Title	May We Contact? _____ Yes _____ No If no, why not?		
Reason for Leaving			
Present or Most Recent Employer	Dates Employed From _____ To _____		Work Performed
Address			
Telephone Number(s)	Rate of Pay Starting _____ Final _____		
Starting/Present Job Title			
Supervisor's Name and Title	May We Contact? _____ Yes _____ No If no, why not?		
Reason for Leaving			

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

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If you have had no prior employment, please explain in the space below:

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**PERSONAL & PROFESSIONAL REFERENCES:**

Do you currently have any relatives working for the Town of Mead? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list name(s) and relationship(s): \_\_\_\_\_

List three individuals as references, other than employment supervisors, who have knowledge of you and your qualifications.

Name of Acquaintances	Address/City/State/Zip	Telephone Numbers D=Day N=Night

**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 the termination of my employment 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 will be required to successfully pass a background investigation (criminal and employment) and a drug screening. I hereby consent to a pre-employment drug screen as a condition of employment.

I understand that if I am extended an offer of employment, it may be conditioned upon successfully passing a complete pre-employment physical examination, psychological examination and/or physical agility 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 express 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.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION DISCLOSURE

As an applicant for employment or a current employee of the Town of Mead, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, the Town of Mead may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a *consumer reporting agency* is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as the Town of Mead.

A *consumer report* means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An *investigative consumer report* means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported by or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

### AUTHORIZATION

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize the Town of Mead to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at the Town of Mead. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above. This report may be delivered in either written or electronic form.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth

## Permission for Release of Motor Vehicle Records

I hereby authorize the release of my Motor Vehicle Records from the State of \_\_\_\_\_.

For those with a Colorado Driver's License: Colorado Motor Vehicle Records are maintained by the Colorado Department of Revenue, Motor Vehicle Division pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (42-72-204, 42-1-206, 42-3-125 CRS). Record information is available at Drivers License offices and 1881 Pierce St., Lakewood, CO. All other requests are available only at 1881 Pierce St., Lakewood, CO.

Printed Name: _____		
Signature: _____		Date: _____
Date of Birth: _____	Driver's License Number: _____	
State Driver's License Issued: _____	License Type: _____	
Purpose for which records are released: _____		
Requestor's Name: <u>Deborah Dale Brackney</u>		
Company: <u>Mountain States Employers Council</u>		
Address: <u>1799 Pennsylvania Street</u>		
City: <u>Denver</u>	State: <u>Colorado</u>	Zip code: <u>80201</u>

## EEO INFORMATION FORM

This page will be separated from the rest of the employment application when it is received by the Human Resources Department. **The information provided will have no bearing upon consideration for employment.** The information is **only** used to assist us in complying with Federal Equal Employment Opportunity recordkeeping and reporting requirements. The Town of Mead considers applicants for all positions without regard to race, color, religion, sex, age, national origin, disability, veteran status, or any other legally protected status. We are an Equal Opportunity Employer.

Position Applied for \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: Male \_\_\_\_\_ or Female \_\_\_\_\_

*Race or Ethnic Identity: Optional Information*

White \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_

American Indian/Alaskan Native \_\_\_\_\_ Black \_\_\_\_\_