



BLACK HAWK

CITY OF BLACK HAWK

201 Selak Street P.O. Box 68
Black Hawk, CO 80422
Phone (303) 582-2292 Fax (303) 582-0848
www.cityofblackhawk.org

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

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. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For:	Today's Date:
How did you hear about this position? Please be specific.	
Type of employment you are seeking:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>
When could you start work?	

(Last Name)	(First Name)	(Middle Name)	(Telephone #)
(Present Street Address)	(City)	(State)	(Zip)
(Mailing Address, if different)	(City)	(State)	(Zip)

Are you 18 years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/> (If hired you may be required to submit proof of age.)
Social Security # (optional)
If hired, can you furnish proof you are eligible to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever applied here before? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when?
Were you ever employed here? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when?
Have you ever been convicted of any law violation (except a minor traffic violation)? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, give details:
<i>(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)</i>
Are you now, or do you expect to be, engaged in any other business or employment? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain:

EDUCATION		
List Name and Address of Schools:	# of Years Completed	Diploma/Degree Certificate
High School or GED:		
College or University:		
Subjects Studied:		

EDUCATION (cont.)

List name and address of schools		# of Years Completed	Diploma/Degree Certificate
Vocational or Technical:			
Subjects Studied:			

SPECIAL SKILLS

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

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

How many days of work have you missed during the past year? (exclude those due to disability or those covered by FMLA)

Do you have a valid Colorado Driver's License? YES NO

Driver's License Number: _____ Class of License _____

Have you had your Driver's License suspended or revoked in the last 3 years? YES NO

If yes, give details:

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

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 firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

Name of Employer:	Supervisor:
Address:	Employed From (mo/yr): _____ to _____
City, State, Zip Code	Start pay: \$ _____ Final Pay: \$ _____
Telephone:	
Title:	Reason for Leaving: _____
Duties:	

WORK HISTORY (cont.)

Name of Employer:	Supervisor:
Address:	Employed From (mo/yr): to
City, State, Zip Code	Start pay: \$ Final pay: \$
Telephone:	

Title:	Reason for Leaving:
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Duties:

Name of Employer:	Supervisor:
Address:	Employed From (mo/yr): to
City, State, Zip Code	Start pay: \$ Final pay: \$
Telephone:	

Title:	Reason for Leaving:
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Duties:

Name of Employer:	Supervisor:
Address:	Employed From (mo/yr): to
City, State, Zip Code	Start pay: \$ Final pay: \$
Telephone:	

Title:	Reason for Leaving:
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Duties:

Name of Employer:	Supervisor:
Address:	Employed From (mo/yr): to
City, State, Zip Code	Start pay: \$ Final pay: \$
Telephone:	

Title:	Reason for Leaving:
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Duties:

REFERENCES

Have you ever worked or attended school under any other names? YES NO

If yes, give names:

Are you presently employed? YES NO

May we contact your employer, list contact? YES NO

Employer contact name: _____ Phone Number _____

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

If yes, please explain:

Give three references, not relatives or former employers:

Name	Address	Phone

AFFIDAVIT**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 understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

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 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 may be deemed necessary to judge my capability to do the work for which I am applying.

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 THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A 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 CAUSE 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 a limited time. Ask the organization representative for details.



CITY OF BLACK HAWK
EQUAL EMPLOYMENT OPPORTUNITY
VOLUNTARY SELF-IDENTIFICATION APPLICANT SURVEY

Name:

Position applying for:

Date:

The City of Black Hawk is an equal opportunity employer and does not discriminate in firing or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination.

The City is required by federal regulation to report information as requested below. Your contribution of this information is completely *voluntary* and refusal to complete this form will not affect any hiring or employment decisions. The information you provide is strictly confidential and will be maintained separate from your personnel file.

PLEASE CHECK ONE: Male Female

INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:

White (not Hispanic or Latino) – having origins in any of the original peoples of Europe, the Middle East, or North Africa

Hispanic or Latino – of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

Native Hawaiian or other Pacific Islander (not Hispanic or Latino) – having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Black or African American (not Hispanic or Latino) – having origins in any of the black racial groups of Africa

American Indian or Alaskan Native (not Hispanic or Latino) – having origins in the original peoples of North or South America (including Central America), and maintaining tribal affiliations or community involvement

Asian (not Hispanic or Latino) – having origins in the Far East, Southeast Asia, or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Two or more races (not Hispanic or Latino) – anyone who identifies with more than one of the above five races

Other