



APPLICATION FOR EMPLOYMENT

HUMAN RESOURCES DEPARTMENT

215 North Mason Street

P.O. Box 580

Fort Collins, CO 80522-0580

(970) 221-6535 Jobline (970) 416-2489 x 5125, TDD (970) 224-6004

Position Applying For: _____ Job # _____

INSTRUCTIONS: Each question should be fully and accurately answered. Please print or type, except for the signature on the back of the application. A separate application must be submitted for each position for which you are applying.

NAME: _____

(As written on Social Security Card)

Last

First

M.I.

MAILING ADDRESS: _____

Street

City

State

Zip

TELEPHONE: () _____ () _____ () _____

Home

Business

Message

EMAIL ADDRESS: _____

SOCIAL SECURITY #(last four digits only): ____ ____ ____ ____ **DATE AVAILABLE FOR WORK:** _____

Are you available for: Fulltime Part time Hourly Employment

Are you a citizen of the United States or are you legally authorized to work in the U.S.? Yes No

Are you age 18 or older? Yes No If no, list date of birth: _____

Do you possess a valid driver's license? Yes No If yes, list Class: _____

License Number: _____ State: _____ Expiration Date: _____

Do you have a current Commercial Driver's License (CDL)? Yes No

Have you worked for the City of Fort Collins before? Yes No

If yes, list Department: _____ Job Title: _____

Approximate dates of employment: From _____ To _____

Do you have any relatives presently working for the City of Fort Collins? Yes No

If yes, list name and relationship: _____

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

Have you ever been convicted of or received a deferred sentence, deferred judgement, or a deferred prosecution for a petty offense, misdemeanor traffic offense (excluding civil traffic infractions), municipal code violation (excluding civil traffic infractions), misdemeanor, or felony, or been adjudicated as a juvenile for an offense that is public record? Yes No

If yes, please list the offenses and explain the date, location, nature and facts surrounding each. Use an attachment sheet if necessary.

Essential functions of positions are described in job advertisements/announcements specific to the position vacancy. If you are unable to perform the essential functions of the position for which you are applying, or need a reasonable accommodation in order to apply, please contact the Human Resources Department at (970) 221-6535 for assistance.

EMPLOYMENT HISTORY

Your work experience is an important factor in evaluating your qualifications. Please make certain that you provide complete and accurate information on previous job duties and levels of responsibility. List names of employers in consecutive order with present or most recent employer listed FIRST. Account for all periods of time including military service, related volunteer experience, as well as any period of unemployment. A resume may be attached if desired.

Name of Employer _____

Type of Business _____ Telephone No. () _____

Employer's address: _____
Street City State Zip

Name of Last Supervisor: _____ May we contact this employer: Yes No

Employed From _____ To _____ Salary: Starting _____ Ending _____

Job title: _____ Duties: _____

Reason(s) for leaving or seeking other employment _____

Name of Employer _____

Type of Business _____ Telephone No. () _____

Employer's address: _____
Street City State Zip

Name of Last Supervisor: _____ May we contact this employer: Yes No

Employed From _____ To _____ Salary: Starting _____ Ending _____

Job title: _____ Duties: _____

Reason(s) for leaving or seeking other employment _____

Name of Employer _____

Type of Business _____ Telephone No. (____) _____

Employer's address: _____
Street City State Zip

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Employer's address: _____
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Employed From _____ To _____ Salary: Starting _____ Ending _____

Job title: _____ Duties: _____

Reason(s) for leaving or seeking other employment _____

| EDUCATION | |
|---|-------------------|
| Name, address and location of school High School: _____ | Did you graduate? |
| College or University: _____ College Major: _____ Degree: _____ | |
| College or University: _____ College Major: _____ Degree: _____ | |

Have you served in the United States Armed Forces? Yes No

If yes, list dates of service: From _____ To _____ Branch of Service: _____

Additional education and/or vocational, technical or military training information relevant to the position for which you are applying:

SPECIAL SKILLS

Typing: Yes No WPM _____ Ten Key _____ By Touch: Yes No

Computer: Yes No Type _____ Software Applications: _____

Heavy equipment (list specific types): _____

Additional information that might qualify you for the position: _____

The City of Fort Collins is an Equal Opportunity Employer. Applicants are considered for positions for which they have applied without regard to race, religion, gender, age 40 years or older, national origin, color, creed, ancestry, marital status, sexual orientation, or other characteristics protected by law.

CERTIFICATION & RELEASE

I certify that all statements made in this application are true and complete. I authorize the City to investigate all statements made as a part of this application and to secure any necessary information from all prior employers, references, academic institutions, law enforcement agencies, other persons and entities, and public records. I hereby release all such persons, entities, employers, references, institutions, agencies and the City from any and all liability arising from their giving or receiving information about my employment history, academic credentials, qualifications, reputation, driving record, and criminal record. A photocopy of this release can be used for all purposes.

I understand that any false answers or misleading statements as well as misrepresentations by omission made by me as part of my application, will be sufficient for rejection of my application or for my immediate discharge should one be discovered after I am employed.

I understand that nothing in this employment application, in the City's statements of personnel policies or in my communication with any City employee or official is intended to create an employment contract between the City and me. In the event that I am hired by the City, I understand that my continued employment will be at the mutual consent of the City and me. Accordingly, either the City or I may terminate my employment at-will at any time with or without cause or notice. I understand that the at-will nature of the employment relationship can only be changed in a specific writing signed by the Director of Human Resources.

I hereby acknowledge that I have read, understand and agree to the preceding statement.

Signature _____

Date _____

TO ALL APPLICANTS:

The information requested below is needed in order to comply with state and federal laws and regulations. The information will be used for statistical purposes only and will not be used as part of the hiring process. Submittal of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment.

Position Applying for: _____ Job # _____

Date: _____

Ethnic Information:

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black/African American
- Hispanic/Latino-Latina
- White/Caucasian

Age: _____

Sex: Male Female

How did you first learn of this job opportunity?

- City Website
- Other Website
- Human Resources Bulletin Board
- Coloradoan
- Denver Post
- Rocky Mountain News
- Friend Referral
- Employee Referral
- Jobline
- Job Fair
- Professional Publication
- Other _____

**CITY OF FORT COLLINS
PRE-EMPLOYMENT
CONTROLLED SUBSTANCE TEST CONSENT AND RELEASE**

The City of Fort Collins strives to foster a safe work environment, free from the effects of controlled substance misuse. The City has a comprehensive Drug Free Workplace Policy for all City employees. In accordance with section 8.11.2 of the City's Personnel Policies and Procedures, the City requires that certain applicants conditionally offered a position with the City undergo a test for marijuana, cocaine, opiates, phencyclidine, and amphetamines, and provide a test sample to an approved collection location within 48 hours of receiving the conditional offer of employment. This consent and release allows the City to know the results of the test.

**INDIVIDUALS APPLYING FOR U.S. DEPARTMENT OF TRANSPORTATION (DOT)
REGULATED POSITIONS ARE NOT REQUIRED TO SIGN THIS CONSENT FORM AS
SPECIFIED IN 49 CFR SECTION 40.27**

I hereby authorize the City of Fort Collins' collection center and medical providers to perform the pre-employment controlled substance test and to release the results and related records of the test to the City of Fort Collins.

I hereby authorize the City of Fort Collins to obtain the test results and any records associated with the test.

I understand that I may refuse to submit to the controlled substance test. However, refusal to consent to the test, failure to provide the test sample as required above, or having a confirmed positive test shall disqualify me from employment for a period of six months from the date of refusal, failure to provide, or testing, whichever is applicable.

In the event of a confirmed positive test, I may be eligible for a name clearing hearing pursuant to section 9.4.3 of the City of Fort Collins Personnel Policies and Procedures, a copy of which can be obtained at the Human Resources Office, 215 N. Mason Street, Fort Collins, CO. If desired, a name clearing hearing must be requested in writing not more than 90 days from the date I was notified of the confirmed positive test.

I hereby acknowledge that I understand this document and consent to the controlled substance test if I am conditionally offered employment. I understand that if I am under 18 years of age, my parent or legal guardian will be advised of a confirmed positive test result.

Printed Name: _____

Signature: _____ Date: _____

Signature of Parent or Guardian (if applicant is under age 18): _____

Home Phone: _____ Work Phone: _____

Address: _____

Core Values of the City of Fort Collins

The core values of the City of Fort Collins are:

- **B**eing trustworthy in dealings with others
- **T**reating people fairly
- **A**ccepting accountability for one's actions
- **R**ecognizing that employees are our most important and valuable asset
- **C**ommunicating openly and honestly

The foundation of these values is made up of 3 key beliefs:

- **W**e are one organization
- **W**e are committed to our community
- **W**e behave ethically, with integrity

These values and beliefs underscore all that we do to accomplish the mission of our organization: providing quality service to our customers.

