



Town of Wiggins
304 Central Avenue
Wiggins, CO 80654
970-483-6161 Fax: 970-483-7364
townofwiggins.colorado.gov

APPLICATION FOR EMPLOYMENT

Position Applied For: _____

Date of Application: _____

FOR OFFICE USE ONLY

Received By: _____

Date Received: _____

Attached Pages: _____

First Name	Middle	Last Name	
Street Address	City	State	Zip Code
Date of Birth	Driver's License Number	State	Expiration Date
Daytime Phone Number	Home Phone Number	How did you learn about us? Advertisement _____ Website _____ e: _____	
Email Address: _____			

If you are under 18 years of age can you provide proof of your eligibility to work? Yes __ No __

If hired, can you provide proof of your legal right to live and work in the U.S.? Yes __ No __

Are you able to perform the essential functions of the job for which you are applying? Yes __ No __

If no, please describe the functions of duties you are unable to perform: _____

Have you ever been employed at the Town of Wiggins? Yes No

If yes, give position and dates of employment _____

Do you have any friends or relatives employed at the Town of Wiggins? Yes No

If yes, give name and relationship _____

Are you currently employed? Yes __ No

May we contact your current employer? Yes No

Are you currently on "lay-off" status subject to recall? Yes No

Full Time Part Time Temporary Seasonal

Are you available to work:

On what date are you available to begin work? _____

Have you been convicted of a felony within the last seven years? Yes __ No __

If yes, please explain _____

(A conviction will not necessarily disqualify applicant from the position applied for.)



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EDUCATION

	School Name and Location	Years Completed	Diploma/Degree/ Certification	Course of Study
High School				
Undergraduate College/University				
Graduate/Professional School				
Trade/Technical School				

Please describe any job-related specialized training, apprenticeship, skills, and extra-curricular activities:

EMPLOYMENT EXPERIENCE

Please start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations indicating race, color, religion, gender, national origin, handicap, or other protected status. (Attach additional sheets if necessary)

Employer:	Supervisor:
Address:	Dates Employed
	From: To:
Phone Number(s):	
Job Title:	
Job Duties:	
Reason for Leaving:	



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Employment Experience

Employer:	Supervisor:
Address:	Dates Employed
	From: To:
Phone Number(s):	
Job Title:	
Job Duties:	
Reason for Leaving:	

Employer:	Supervisor:
Address:	Dates Employed
	From: To:
Phone Number(s):	
Job Title:	
Job Duties:	
Reason for Leaving:	

Please explain any gaps in employment history.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.



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REFERENCES

Please do not list employers or relatives (Attach additional sheets if necessary)

Name	Address	Daytime Phone Number	Profession

APPLICANT’S STATEMENT

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

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that this application, verbal statements by town employees, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. If hired, I understand that employment with the Town is considered “At Will”, employment by the Town is not for a definite period, and either the employee or Town may terminate the employment relationship at any time, with or without notice or cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such changes in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

 Signature of Applicant

 Date

The Town of Wiggins does not discriminate on the basis of race, color, religion, national origin, sex, age, sexual orientation, disability, genetic information, or any other status protected by law or regulation. It is the Town’s intent that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.