



**Town of Wiggins**  
**304 Central Avenue**  
**Wiggins, CO 80654**  
**970-483-6161 Fax: 970-483-7364**  
[townofwiggins.colorado.gov](http://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
Driver's License Number	State	Expiration Date	
Daytime Phone Number	Home Phone Number	How did you learn about us? Advertisement: _____ Other: _____	
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
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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

Yes    No

Yes    No

Seasonal

Yes \_\_ No \_\_

May we contact your current employer?

Are you currently on "lay-off" status subject to recall?

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:

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**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.**

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**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.**