



301 Walnut Street
Windsor, CO 80550
Fax (970) 674-2496

An Equal Opportunity
Employer

APPLICATION FOR EMPLOYMENT

Prior to filling out this application, save the pdf on your computer or flash drive. Submit saved and completed form to jobs@windsorgov.com, fax to 970-674-2496, or mail/deliver to Town of Windsor, 301 Walnut Street, Windsor, CO 80550, Attn: HR. You may need to download Adobe Reader prior to filling out form. <https://get.adobe.com/reader/>

General

Position Applied For: _____ Today's Date: _____

How did you hear about this position? _____

Name (Last, First, MI) _____

Present Address _____
Street City State Zip

Mailing Address _____
(if different) Street City State Zip

Home Phone: _____ Cell Phone: _____ Email Address: _____

Are you at least 14 years of age? Yes No Are you at least 18 years of age? Yes No

Seeking Employment Full Time Part Time Seasonal When could you start work? _____

Are you related to any current Town of Windsor employee or elected official? Yes No If yes, who? _____

Relationship: _____

Have you previously applied at the Town of Windsor? Yes No If yes, when? _____
Date Position

Have you ever been employed at the Town of Windsor? Yes No If yes, when? _____
Date Position

Have you ever been convicted of any law violation? Yes No
(Include any plea of "guilty" or "no contest." Exclude minor traffic violations)

If yes, give details: _____

FOR DRIVING JOBS ONLY:

Do you have a valid driver's license? Yes No License Number _____ State _____ Class _____

Has your driver's license been suspended or revoked in the last 3 years? Yes No If yes, when? _____

Give Details _____

Education

High School Graduate/GED: Yes No If no, what is the highest grade completed?

Schools Attended: High School, College or Business, Trades, Technical Training

Name and Location Of School	Major/Minor Course of Study	Type Received Degree, Certificate or Diploma

License/Certifications

Attach copies of certifications with application

List Type of Certification	License/ Certification Number	Expiration Date	Certification Type	Expiration Date
	#	/ /	<input type="checkbox"/> Life Guard	/ /
	#	/ /	<input type="checkbox"/> WSI	/ /
	#	/ /	<input type="checkbox"/> Official	/ /
	#	/ /	<input type="checkbox"/> CPR/First Aid	/ /
	#	/ /	<input type="checkbox"/> CPR/Professional Rescuer	/ /
	#	/ /	<input type="checkbox"/> Umpire	/ /
	#	/ /	<input type="checkbox"/> Concussion Training	/ /

Special Skills

Describe any specialized training, apprenticeship, skills, machine and equipment skills and/or special job-related skills and qualifications acquired from employment or other experience, including Unite States Military job-related training:

Software Application Skills

Indicate your level of expertise

	Beginner	Intermediate	Expert
Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-Key Touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powerpoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work History

List jobs starting with current or most recent employer. Please list the last seven (7) years of employment. Account for all periods of time including military service and any periods of unemployment.

Your Job Title	From: (mm/dd/yy)	To: (mm/dd/yy)	Starting Pay	Ending Pay
Company:	Address: (city & state)		Phone Number:	
Supervisor's Name & Title:	Phone Number:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving:				
Duties: _____				

Your Job Title	From: (mm/dd/yy)	To: (mm/dd/yy)	Starting Pay	Ending Pay
Company:	Address: (city & state)		Phone Number:	
Supervisor's Name & Title:	Phone Number:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving:				
Duties: _____				

Your Job Title	From: (mm/dd/yy)	To: (mm/dd/yy)	Starting Pay	Ending Pay
Company:	Address: (city & state)		Phone Number:	
Supervisor's Name & Title:	Phone Number:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving:				
Duties: _____				

Your Job Title	From: (mm/dd/yy)	To: (mm/dd/yy)	Starting Pay	Ending Pay
Company:	Address: (city & state)		Phone Number:	
Supervisor's Name & Title:	Phone Number:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving:				
Duties: _____				

References

Name	Address (city & state)	Phone Number	Relationship
1.			
2.			
3.			

If hired, you will be required to provide proof of your eligibility to work in the United States.



AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information 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 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.

This application for employment shall be considered active for a period of time not to exceed 60 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 hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town of Windsor is on an "at will" nature, which means that the Employee may resign at any time and the Town of Windsor may discharge an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Town Manager.

I understand that I am required to abide by all policies and procedures of the Town of Windsor. **I am aware that if I am hired for a seasonal position, my employment will be limited to the time period necessary to complete the particular assignment and does not guarantee re-employment the following season.** I understand I am required to successfully complete all pre-employment background screenings.

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.

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

Signature: _____ Date: _____

This application for employment will remain active for a period of 60 days.

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

Submit completed form via email to jobs@windsorgov.com, fax to 970-674-2496, or mail/deliver to Town of Windsor, 301 Walnut Street, Windsor, CO 80550, Attn: HR.