

P. O. Box 363, Brush, CO 80723

(970) 842-5001 (970) 842-5909 Fax

Email brush@brushcolo.com

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please fill out the application completely even if you attach a resume. Qualified applicants will receive equal consideration and background checks will be performed prior to hire. No question in this application is asked for the purpose of excluding any applicant on the basis of race, color, national origin, religion, age, sex, disability, or any other factor prohibited by law or regulation. The City of Brush is an equal opportunity employer.

PERSONAL INFORMATION			T		
LEGAL NAME (LAST, FIRST, MIDDLE	DATE				
PRESENT ADDRESS		CITY	STATE	ZIP CODE	
THESELVI ASSINESS			017112	2 0052	
PHONE NUMBER		EMAIL ADDRESS	REFERRED BY		
DAY					
EVENING DESIRED POSITION		DATE YOU CAN START			
BEOMAED FOOTHOR		Brite 100 or at orract			
ARE YOU CURRENTLY EMPLO	DYED? IF YES, MAY W	/E INQUIRE OF YOUR PRESENT EM	PLOYER #		
HAVE YOU EVER APPLIED TO	D IF YES, WHEN?	HAVE YOU EVER WORKE	D FOR IF Y	ES, WHEN?	
THE CITY BEFORE?	,	THE CITY BEFORE?			
	JLL TIME ART TIME				
	EMPORARY				
		205001000 10500000		/EE//END00	
WILL YOU WORK OVERTIME D	URING THE WORK WEEK IF NE	:CESSARY? ARE YOU W	ILLING TO WORK V	VEEKENDS?	
	OBLIGATIONS OR OTHER PER	SONAL COMMITMENTS THAT	WOULD AFFECT YO	OUR WORK	
SCHEDULE? IF	YES, PLEASE DESCRIBE				
	BE WILLING TO TAKE A DRUG/A	ALCOHOL SCREENING EXAM A	S A CONDITION OF	:	
EMPLOYMENT?					
ARE YOU AT LEAST 18 YEARS	ARE YOU AT LEAST 18 YEARS OLD? Valid Colorado Driver's License #				
IF HIRED YOU WILL BE REQU	JIRED TO PROVIDE PROOF OF	YOUR FLIGIBILITY TO WORK IN	N THE UNITED STA	TES	
11AVE VOLLEVES SEEN - 12 CT	DUNED OD TED: ***** TED 5= 5:	4 EMBLOVAMENTS	IE VEC DI E : 5:	= EVDLAIN:	
HAVE YOU EVER BEEN DISCII	PLINED OR TERMINATED FROM	I EMPLOYMENT?	IF YES, PLEASI	= EXPLAIN	
HAVE YOU EVER BEEN CONVI		0)(4.5)(7)	IF YES, PROVID	DE DETAILS	
(A CRIMINAL RECORD DOES N	OT AUTOMATICALLY BAR EMPL	LOYMENT)			

EDUCATION ANI	DIRAINING			
	SCHOOL NAME CITY AND STATE	# YEARS ATTENDED	DID YOU GRADUATE?	MAJOR SUBJECTS, SPECIAL COURSES DEGREES
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
OTHER EDUCATION				
LICENSES AND CERTIFICATIONS				
OTHER SKILLS				

EMPLOYMENT RECORD: DO NOT indicate "see resume".

Give a complete account of your employment, including salary history. Begin on the first line with your present or most recent position and work back. Please attach an additional sheet if necessary and include all periods of unemployment.

MONTH/YR STARTED	NAME. ADDRESS. PHONE OF EMPLOYER	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING	
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE	
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU	DISLIKE ABOUT THIS JO	DB?	
MONTH/YR STARTED	NAME. ADDRESS. PHONE OF EMPLOYER	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING	
MONTH/YR ENDED		ENDING SALARY	_	SUPERVISOR'S NAME & TITLE	
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?			
MONTH/YR STARTED	NAME. ADDRESS. PHONE OF EMPLOYER	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING	
MONTH/YR ENDED		ENDING SALARY	_	SUPERVISOR'S NAME & TITLE	
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?			

MONTH/YR STARTED	NAME. ADDRESS. PHONE OF EMPLOYER		STARTING SALARY		POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED	_		END SAL			SUPERVISOR'S NAME & TITLE
WHAT DID YOU LI	KE ABOUT THIS JO	OB?	WHA	AT DID YOU	LISLIKE ABOUT THIS JC	B?
WORK REFER	ENCES: Please	e provide a minimum of the COMPANY & TITLE	ree.	RELAT	TIONSHIP TO YOU	TELEPHONE NUMBER
	EFERENCES:	Please provide a minimu	um of	two people	e who are not related	to you.
FIRST NAME,	, LAST NAME	COMPANY & TITLE		RELAI	TIONSHIP TO YOU	TELEPHONE NUMBER
CERTIFICATE OF APPLICANT (Read carefully before signing.) All information provided by me is true and correct to the best of my knowledge. I understand o missions or misrepresentations may result in rejection of my application or if employed, may result in subsequent dismissal. I hereby a uthorize all former employers, educational institutions, personal references and others identified hereon, including their employees or representatives, to furnish or provide full and complete reports, documents or information to the City or its representative concerning my prior educational and work histories, criminal and driving records, or other information I have provided hereon. I waive, release, indemnify and hold har mless the City of Brush or its employees and representatives and all other persons or entities from all liability and claims of any nature whatsoever pertaining to the disclosure or use of information or written material as described above. I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will at any time by either myself or the City.						
DATE		SIGNATURE (OF AP	PLICANT		