

Town of La Veta
209 South Main Street
P. O. Box 174
La Veta, CO 81055-0174

(719) 742-3631
fax (719) 742-5420
Huerfano County



APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to Race, Color, Religion, Sex, National Origin, Age, Marital Status, or the presence of a Non-Job-Related Medical Condition or Handicap.

(Please Print)

Date of Application _____ Position Applied For _____

Name: _____
 First Middle Last

Address: _____
 Street Town/City State Zip

Mailing Address: _____

Phone#: _____ Cell: _____ Email: _____

Have you filed an application with the Town of La Veta before? Yes ___ No ___
Have you ever been employed by the Town of La Veta? Yes ___ No ___
Are you available to work: Full Time _____ Part Time _____
What date are you available to start work? _____

Education: High School Diploma Yes ___ No ___
 GED Yes ___ No ___

COLORADO DRIVER'S LICENSE INFORMATION

(Attach a copy of driver's license to this application)

| | | |
|---------------|--------------|------------------|
| Name: | Class: | Expiration Date: |
| Endorsements: | Restrictions | |

LICENSES / CERTIFICATIONS (Attach a copy of the license/certification to this application)

| | |
|------------------|--------------------------|
| License Type: | License Number: |
| Expiration Date: | Agency Granting License: |

| | |
|------------------|--------------------------|
| License Type: | License Number: |
| Expiration Date: | Agency Granting License: |

LIST EMPLOYMENT FOR THE PAST FIVE (5) YEARS:

| Name & Address of Employer | From Date | To Date | Job Title | Salary | Reason for leaving | Name of Supervisor |
|----------------------------|-----------|---------|-----------|--------|--------------------|--------------------|
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |

This space is to be used to provide additional information to your application:

I certify that the information that I have provided is true and correct to the best of my knowledge. I authorize investigation of all statements made in this application for employment. In the event of employment or consideration for employment, I understand that false or misleading information given in my application or interview may result in discharge or not being hired.

Signature of Applicant

Date

CONFIDENTIAL
BACKGROUND CHECK AUTHORIZATION

Print Name: _____

First

Middle

Last

Former Names(s) and Dates Used: _____

Current Address: _____

Street

Town/City

State

Zip

Dates lived at this address: _____

Prior Address: _____

Street

Town/City

State

Zip

Dates lived at this address: _____

Date of Birth: _____ Social Security Number: _____

Telephone Number: _____

Driver's License Number/State Issued: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize the Town of La Veta and its designated agent's and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdiction, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to The Town of La Veta or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received for other sources. The Town of La Veta and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature of applicant: _____ Date: _____