



**APPLICATION FOR  
 EMPLOYMENT**  
 7RZRILQVDX  
 32R[  
 LQVDX CO 80  
 Phone 970-3 -  
 LQVDXWRZRIGLQVDXRUI

7KH7RZRILQVDX is an equal opportunity employer. We encourage all persons to file applications with us and we do not discriminate on the basis of race, color, age, religion, sex, sexual orientation, gender identity, national origin, marital status, genetic information, veteran status, and mental or physical disability.

| APPLICANT INFORMATION  |           |                              |                             |  |                             |        |                              |                             |  |
|--|-----------|------------------------------|-----------------------------|--|-----------------------------|--------|------------------------------|-----------------------------|--|
| Last Name  |           | First                        |                             |  | M.I.                        |        | Date                         |                             |  |
| Street Address   |           |                              |                             |  |                             |        | Apartment/Unit #             |                             |  |
| City   |           | State                        |                             |  | ZIP                         |        |                              |                             |  |
| Phone  |           | E-mail Address               |                             |  |                             |        |                              |                             |  |
| Date Available   |           | Position Applied for         |                             |  | Desired Salary              |        |                              |                             |  |
| Circle Type of Employment                                    | Full Time |                              | Part Time                   |  | Temporary                   |        | Seasonal                     |                             |  |
| Less than a year at current address provide previous address |           |                              |                             |  |                             |        |                              |                             |  |
| Are you a citizen of the United States?                      |           | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? |                             |        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| <del>MI</del><br>MI  |           | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?                                   |                             |        |                              |                             |  |
| Have you ever been convicted of a felony?                    |           | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                |                             |        |                              |                             |  |
| EDUCATION  |           |                              |                             |  |                             |        |                              |                             |  |
| CIRCLE HIGHEST GRADE COMPLETED: 9 10 11 12 13 14 15 16 17 18 |           |                              |                             |  |                             |        |                              |                             |  |
| High School/GED  |           | Address                      |                             |  |                             |        |                              |                             |  |
| From   | To        | Did you graduate?            |                             | YES <input type="checkbox"/>                   | NO <input type="checkbox"/> | Degree |                              |                             |  |
| College  |           | Address                      |                             |  |                             |        |                              |                             |  |
| From   | To        | Did you graduate?            |                             | YES <input type="checkbox"/>                   | NO <input type="checkbox"/> | Degree |                              |                             |  |
| Other  |           | Address                      |                             |  |                             |        |                              |                             |  |
| From   | To        | Did you graduate?            |                             | YES <input type="checkbox"/>                   | NO <input type="checkbox"/> | Degree |                              |                             |  |

**Special Skills, Training or Relevant Experience**

List Certifications:

List any Training:

List any Skills that pertain to the position you have applied for:

**REFERENCES***Please list three professional references.*

|           |  |              |  |
|-----------|--|--------------|--|
| Full Name |  | Relationship |  |
| Company   |  | Phone        |  |
| Address   |  |              |  |
| Full Name |  | Relationship |  |
| Company   |  | Phone        |  |
| Address   |  |              |  |
| Full Name |  | Relationship |  |
| Company   |  | Phone        |  |
| Address   |  |              |  |

**PREVIOUS EMPLOYMENT**

|   |                 |                    |                  |
|---|-----------------|--------------------|------------------|
| Company   | Phone           |                    |                  |
| Address   | Supervisor      |                    |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   | Phone           |                    |                  |
| Address   | Supervisor      |                    |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

| Previous Employment Continued   |                 |                    |                  |
|---|-----------------|--------------------|------------------|
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

| MILITARY SERVICE                 |                   |
|----------------------------------|-------------------|
| Branch                           | From To           |
| Rank at Discharge                | Type of Discharge |
| If other than honorable, explain |                   |

**All Applicants who will drive or operate Town vehicles or machinery must complete this section of the application**

| Experience & Qualifications – Driver |              |      |                 |
|--------------------------------------|--------------|------|-----------------|
| State                                | Licenses No. | Type | Expiration Date |
|                                      |              |      |                 |
|                                      |              |      |                 |
|                                      |              |      |                 |

| CLASS OF EQUIPMENT, IF APPLICABLE |                  |                                |
|-----------------------------------|------------------|--------------------------------|
| Type of Equipment                 | Dates: To & From | Approximate # of Miles (Total) |
|                                   |                  |                                |
|                                   |                  |                                |
|                                   |                  |                                |

| DRIVING INCIDENTS / ACCIDENTS , LAST 3 YEARS |                               |            |          |
|--|-------------------------------|------------|----------|
| Dates  | Nature of Incident / Accident | Fatalities | Injuries |
|  |                               |            |          |
|  |                               |            |          |

| TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) |      |        |         |
|--|------|--------|---------|
| Location   | Date | Charge | Penalty |
|  |      |        |         |
|  |      |        |         |
|  |      |        |         |

**ATTACH SHEET IF MORE SPACE IS NEEDED**

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_

Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_ No \_\_\_

| DISCLAIMER AND SIGNATURE  |      |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge.  |      |
| All job offers can be contingent upon the successful completion of a background process, which may include a police records check, credit check, medical examination and a drug screen. |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.                                     |      |
| Signature   | Date |

**EEOC – Self-Identification Survey**

In order to comply with Federal Regulations in the area of Equal Employment Opportunity, Town of Dinosaur requests that Applicants provide the following information. This is Voluntary. The information will be treated confidentially and will not result in adverse treatment of any individual. This information may be provided to State and Federal Regulatory Agencies.

|                        |                              |
|------------------------|------------------------------|
| Position Applying For: | Date:                        |
| Last Name:             | First Name & Middle Initial: |
| Address:               | City/State/Zip:              |
| Gender:                | Age:                         |

**Ethnic Background**

- White – Not of Hispanic origin, all persons having origins in any of the original people of Europe, North Africa or the Middle East.
- Black – Not of Hispanic origin, all persons having origins in any of the Black racial groups of Africa.
- Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, OT other Spanish culture of origin, regardless of race.
- Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast.
- Asia, the Indian Subcontinent – All persons from China, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America and who maintain cultural identification through affiliation or community recognition.
- Other – List Sources \_\_\_\_\_

**Veteran Status**

- Vietnam Era Veteran - Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.
- Other Eligible Veteran - Defined as any veteran who served in a “war” declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

I do not wish to Self-Identify

How did you find out about our opening?  Current Employee  Newspaper Ad  Company Website  
 State Employment Service  Other \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_