



## **INSTRUCTIONS FOR COMPLETION OF EMPLOYMENT APPLICATION**

Applications may be submitted only during an active recruiting period or in response to a published announcement to the Human Resources Department. Applications will not be accepted for positions for which there is no current recruiting. A separate application must be completed for each and every job for which you are applying.

Please, do not submit other items which are to substitute for the information we require. For example, please do not say “see resume” to substitute for the listing of your work history. Applications from other agencies are not to be submitted as a substitute or as supplement. You may submit supplemental information that would be relevant to your application, and might include your resume, job performance evaluations, letters of recommendation, a cover letter, etc. Please, limit the number of extra pages to no more than 8. After the closing date listed on the announcement, applications will be reviewed by appropriate departments, and selected applicants will be contacted to schedule interviews.

Special Attention for law enforcement positions: The Supplemental Application (separate document) must be completed and submitted with the application for employment. If both documents are not submitted, the applicant will not be eligible for consideration.

**THE CITY OF DELTA IS A DRUG AND ALCOHOL FREE WORK PLACE: ALL HIRED EMPLOYEES WILL BE REQUIRED TO SUCCESSFULLY PASS A PRE-EMPLOYMENT DRUG TEST.**

**CITY OF DELTA  
360 MAIN STREET  
DELTA, COLORADO 81416  
ATTENTION: HR DIRECTOR  
970-874-7906 OR 970-874-7566  
FAX: 970-874-6931 OR 970-874-8776**

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

**PERSONAL INFORMATION (Please Print)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

PHONE NUMBER WHERE YOU PREFER TO BE CONTACTED: ( \_\_\_\_\_ ) \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION APPLYING FOR: \_\_\_\_\_

How did you learn of the position? \_\_\_\_\_

Type of Employment desired?       Full-time                       Part-time                       Temporary

If hired, when would you be available to start? \_\_\_\_\_

Have you been employed with the City of Delta previously?       Yes                       No

If yes, list date(s): \_\_\_\_\_

Are you related to anyone currently employed by the City of Delta?       Yes                       No

If yes, please give name and relationship of employee(s): \_\_\_\_\_

\_\_\_\_\_

Please list special license(s) or certificates that pertain to the position for which you are applying for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

High School	Name and Location of School	Highest Grade Completed	Did You Graduate?

College or University	Name and Location of School	Highest Grade Completed	Did You Graduate?
College Major			
College Degree			

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College Major			
College Degree			

Additional Educational and/or Vocational Technical Training	Name and Location of School	Courses Taken	Courses Completed
Certificates/Licenses			

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Certificates/Licenses			

Skills and Qualifications – Summarize any special training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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**WORK HISTORY**

Provide the following information regarding your past and current employers, assignments, or volunteer activities, starting with the most recent. Explain any gaps in employment.

Current or Most Recent Previous Employer	Start Date (mo/yr)	End Date (mo/yr)	Position / Title:
			Describe Duties:
Name:			
Address:			
Phone #:			

Immediate Supervisor: \_\_\_\_\_ May we contact your Supervisor?  Yes  No

Reason for Leaving? \_\_\_\_\_

Previous Employer	Start Date (mo/yr)	End Date (mo/yr)	Position / Title:
			Describe Duties:
Name:			
Address:			
Phone #:			

Immediate Supervisor: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

Previous Employer	Start Date (mo/yr)	End Date (mo/yr)	Position / Title:
			Describe Duties:
Name:			
Address:			
Phone #:			

Immediate Supervisor: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

Previous Employer	Start Date (mo/yr)	End Date (mo/yr)	Position / Title:
			Describe Duties:
Name:			
Address:			
Phone #:			

Immediate Supervisor: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

**GENERAL INFORMATION**

Please provide three **work related references**:

Name	Address	Phone #	Years Known

Have you ever been convicted of a criminal offense excluding minor traffic violation(s) carrying less than 8 points?  Yes  No If yes, please explain. \_\_\_\_\_

**AGREEMENT**

I hereby apply for employment with the City of Delta and state that:

- \* The information contained in this application and supporting documents is true to the best of my knowledge and belief and I understand and agree that, if in the opinion of the City of Delta, I have made any misrepresentations or false statements in connection with the application and supporting employment documents, the City of Delta may reject my application or, if employed, may terminate my employment.
- \* I understand that all information furnished in this application and supporting employment documents may be verified. I hereby authorize all individuals and organizations named and referred to in this application and supporting employment documents and any law enforcement organization to release any and all information relative to such verification and hereby release such individuals, organizations and the City of Delta from any and all liability for my claim or damage resulting there from.
- \* I understand that employment may be contingent upon my submitting to a physical examination and/or other screening evaluations prior to employment in order to satisfy the position requirements. If employed I agree to submit to physical examinations and other evaluations which pertain to my ability to perform the requirements of this position during the course of my employment when requested. Such examinations and evaluations will be performed by doctors and/or specialists designated by the City of Delta and at the City of Delta’s expense. I hereby authorize such doctors and specialists to furnish the results of the examinations and evaluations to the City of Delta.
- \* In accordance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide documentation as to my identity and authorization to work in the U.S. should employment be offered to me.
- \* I further understand that this is not a contract of employment.

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

**ATTACHMENTS**

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