

WHAT FOREIGN LANGUAGES DO YOU SPEAK? _____

READ? _____

WRITE? _____

WHAT TYPING SKILLS DO YOU HAVE? _____

LEGAL:

HAVE YOU EVER BEEN CHARGED WITH A CRIME FOR WHICH THE CHARGES WERE DROPPED OR DISMISSED AS A CONDITION OF BEING PLACED ON PROBATION FOR A CERTAIN LENGTH OF TIME? YES ____ NO ____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE (excluding traffic citations)? YES ____ NO ____

IF YES TO EITHER QUESTION, COMPLETE THE FOLLOWING:

APPROXIMATE DATE POLICE AGENCY NATURE OF OFFENSE

DRIVING:

AN INVESTIGATION OF YOUR DRIVING RECORD WILL BE MADE. PLEASE SUPPLY THE FOLLOWING INFORMATION:

NAME AS IT APPEARS ON YOUR DRIVERS LICENSE _____

DRIVERS LICENSE NUMBER _____ STATE _____

EXPIRATION DATE _____

PLEASE LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED WITHIN THE LAST FIVE (5) YEARS.

NATURE OF VIOLATION JURISDICTION DATE DISPOSITION

HAS YOUR LICENSE EVER BEEN SUSPENDED, REVOKED OR PLACED ON PROBATION? YES ____ NO ____

HAVE YOU EVER BEEN ARRESTED OR RECEIVED A CITATION FOR DRIVING UNDER THE INFLUENCE OR DRIVING WHILE ABILITY IMPAIRED? YES ____ NO ____

IF YES, GIVE OFFENSE, DATES AND JURISDICTION. _____

Name & Address of Company and Type of Business	From		To		Describe the work you did	Weekly Salary starting last	Reason for Leaving	Name of Supervisor
	Mo	Yr.	Mo	Yr.				
Telephone								

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Telephone								

May we contact the employers listed above? _____ If not, indicate by which one(s) you do not wish us to contact _____

PERSONAL REFERENCES (Not former Employers or Relatives)

Name & Occupation	Address	Phone Number

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MILITARY SERVICE RECORD

Were you in US Armed Forces? Yes ___ No ___ If yes, what Branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____

List duties in the service including special training _____

Have you taken any training under the G.I. Bill of Rights? _____ If yes, what training did you take? _____

EDUCATION

	Elementary	High	College/University	Graduate/ Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study:				
Describe Specialized Training, Apprenticeship, Skills and Extra- Curricular Activities				

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Town of La Veta.

Signature of Applicant _____

Date _____

TOWN OF LA VETA

P.O. BOX 174, LA VETA, COLORADO 81055

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position for the Town of La Veta, I am required to furnish information concerning my moral, physical, educational and mental qualifications. In this regard, I hereby authorize the Town of La Veta to make any and all appropriate inquiries regarding the above-mentioned qualifications. Moreover, I authorize those persons or organizations selected by the Town of La Veta to release any and all information that they may have concerning me, including information of a confidential or privileged nature.

I hereby release you, your organization, agents, employees or others from any liability or damage that may result from furnishing information herein requested.

Signed: _____

Date: _____

Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

Please provide date of birth for background check:

111 WEST MOORE, LA VETA, COLORADO 81055
(719) 742-3631 FAX: (719) 742-5420