Pueblo Regional Building Department 830 N Main St. Pueblo, CO 81003 719-543-0002

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

questions. Use I back of applicat	estion fully and accurately. No act blank paper if you do not have end on. In reading and answering the rerences or discrimination based u	ough room on this following questio	application. Pns, be aware the	LEASE PRINT, exce nat none of the quest	ept for signa	ature on
Job Applied for			Today's	Date		
Are you seeking	: Full-time	Temporary	employment?			
When could you	start work?					
GENERAL						
,	Last Name First Nam	ne Mido	lle Name	Telephone Num	ber	_
	Present Street Address E-mail address:	City	State	Zip Code		_
	Are you 18 years of age or older (If you are hired, you may				Yes	No 🗌
	If hired, can you furnish proof you	are eligible to w	ork in the U.S.	?	Yes 🗌	No 🗌
	Have you ever applied here befo	re? Yes	No 🗌	If yes, when?		_
	Were you ever employed here?	Yes	No 🗌	If yes, when?		_
	Have you ever been convicted of plea of "guilty" or "no contest." Ex	any law violation	n? (Include any ic violations.) .	,	Yes 🗌	No 🗌
	If yes, give details(A conviction will not necess	sarily disqualify an	applicant for em	ployment.)		
If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes [No 🗌
	If yes, give details		. ,			_

EDUCATION

			Number of Years	Diploma/ Degree/
		List Name and Address of Schools	Completed	Certificate
	High School or GED			
	College or University			
	Subjects Studied			
	Vocational or Technical			
	Subjects Studied			
SPECIAL SKI	LLS			
		machines or equipment can you operate that are related to nich you are applying?	the job	
		ver's License Number Class of License		
		ave you had your driver's license suspended or revoked the last 3 years?		□ No □
	(Ė:	rofessional, trade, business or civic activities and offices he xclude labor organizations and memberships which reveal rigion, national origin, sex, age, disability, genetic information	ace, color,	cted status.)
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List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Name, Address and	Employed		Pay		Reason for leaving
Telephone of Employer	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
	Duties			1 4	
	×				Supervisor(s)
Title					
			.		-
	Ema	lavad	()	Day	Reason for leaving
Name, Address and Telephone of Employer	From (mo/yr)	loyed To(mo/yr)	Start	Pay Final	Reason for leaving
			\$	\$	7
	Duties	<u> </u>	ΙΨ	_	
					2
					Supervisor(s)
Title					
	F	1		Dav.	Peacen for leaving
Name, Address and		loyed		Pay Final	Reason for leaving
Name, Address and Telephone of Employer	Emp From (mo/yr)	loyed To(mo/yr)	Start	Final	Reason for leaving
Name, Address and Telephone of Employer					Reason for leaving
Name, Address and Telephone of Employer	From (mo/yr)		Start	Final	Reason for leaving
Name, Address and Telephone of Employer	From (mo/yr)		Start	Final	Reason for leaving Supervisor(s)
Name, Address and Telephone of Employer	From (mo/yr)		Start	Final	
Telephone of Employer	From (mo/yr)		Start	Final	
Name, Address and Telephone of Employer	From (mo/yr)		Start	Final	
Telephone of Employer	From (mo/yr)		Start	Final	
Telephone of Employer Title	From (mo/yr) Duties	To(mo/yr)	\$	\$	Supervisor(s)
Telephone of Employer	From (mo/yr) Duties		\$	Final	
Title Name, Address and	From (mo/yr) Duties Emp	To(mo/yr)	\$ Start	\$ Pay Final	Supervisor(s)
Title Name, Address and	From (mo/yr) Duties Emp	To(mo/yr)	\$	\$	Supervisor(s)
Title Name, Address and	Emp	To(mo/yr)	\$ Start	\$ Pay Final	Supervisor(s) Reason for leaving
Title Name, Address and	Emp	To(mo/yr)	\$ Start	\$ Pay Final	Supervisor(s)
Title Name, Address and	Emp	To(mo/yr)	\$ Start	\$ Pay Final	Supervisor(s) Reason for leaving
Title Name, Address and	Emp	To(mo/yr)	\$ Start	\$ Pay Final	Supervisor(s) Reason for leaving

REFERENCES

	The state of the s				
	u worked or attended school under any other names?				
li e	f yes, give names:				
• •	oresently employed?				
•	u ever been fired from a job or asked to resign?				
- "	f yes, please explain:				
Give thre	e references, not relatives or former employers.				
Name	Address	Phone			
		400			
	AFFIDAVIT, CONSENT AND RELEASE SE READ EACH STATEMENT CAREFULLY BEFORE SIGN provided in this employment application is true and comp				
	on may disqualify me from further consideration for employ				
or not, any person, school, o	n of any or all statements contained in this application. I als current employer, past employers, and organizations to pro- seful in making a hiring decision. I release such persons and the statements.	vide relevant information			
	red to successfully pass a drug screening examination. I he ug screen as a condition of employment, if required.	reby consent to a pre-			
I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.					
I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.					
I have read, understand, an	nd by my signature consent to these statements.				
Signature:		Date:			

This application for employment will remain active for a limited time. Ask the organization's representative for details.