



**APPLICATION FOR EMPLOYMENT
CITY AND COUNTY OF BROOMFIELD
One DesCombes Drive
Broomfield, Colorado 80020**

Telephone: (303) 438-6320 – Facsimile (303) 438-6328 – Job Line (303) 438-6475 – Website: www.broomfield.org
An Equal Employment Opportunity Employer

GENERAL INFORMATION

Please TYPE or PRINT all requested information in dark ink.

May we contact your current employer? Yes No

Position(s) for which you are applying:

Requisition #(s):

Are you legally entitled to work in the USA? Yes No

Name (First, Middle, Last):

HR USE ONLY:

Street Address or PO Box:

City:

State:

Zip Code:

Home Telephone Number:

Work Telephone Number:

Are you or have you ever been known by any other first or last name?
 Yes No If "Yes," list all variations:

Cellular Telephone Number:

Email address:

(If provided, email address may be used to send updates on the status of your application.)

EDUCATION

Do you meet the education requirements for the position(s)? Yes No

Note: If a degree is required for the position, an official college transcript will be required prior to employment. Transcripts may be attached to the application, but are not required until you are selected as a finalist for the position.

If you choose to have transcripts sent to us and the name on the transcript is different than the name on this application, please indicate here so that we may attach the transcript to the appropriate application: _____

High School or GED. Check One: Yes No

Indicate the name and location of the last high school you attended.

If "No" indicate the highest grade completed: _____

City and State: _____

Name and Location (City/State) of College/University

Major/Minor

Type of Degree

1)

2)

3)

WORK EXPERIENCE

Complete the requested information for your current or most recent position in the first section and work backwards, providing information for all positions you have held for at least the last ten years (not just the ones you feel are applicable to this position). Please attach additional sheets if necessary.

Name of Employer/Organization:

Mailing Address (Include Street/PO Box, City, State, Zip Code):

Employed From (Month/Year):

Starting Salary: \$

Position Title:

Employed To (Month/Year):

Ending Salary: \$

Name of Immediate Supervisor:

Supervisor's Telephone Number:

Average # of hours worked per week:

Reason for Leaving:

Duties/Responsibilities:

Name of Employer/Organization:		Mailing Address (Include Street/PO Box, City, State, Zip Code):	
Employed From (Month/Year):	Starting Salary: \$	Position Title:	
Employed To (Month/Year):	Ending Salary: \$		
Name of Immediate Supervisor:	Supervisor's Telephone Number:	Average # of hours worked per week:	

Reason for Leaving:

Duties/Responsibilities:

Name of Employer/Organization:		Mailing Address (Include Street/PO Box, City, State, Zip Code):	
Employed From (Month/Year):	Starting Salary: \$	Position Title:	
Employed To (Month/Year):	Ending Salary: \$		
Name of Immediate Supervisor:	Supervisor's Telephone Number:	Average # of hours worked per week:	

Reason for Leaving:

Duties/Responsibilities:

SKILLS AND QUALIFICATIONS

Some positions have a minimum age requirement, certification requirements, and specific equipment operation skills. Please refer to the job announcement for any Necessary Special Requirements for the position(s) you are applying for.

Do you meet the minimum age requirement for the position(s) for which you are applying? Yes No

Do you have the necessary experience operating equipment as specified in the job announcement(s)? Yes No

Please list equipment you have operated pertaining to the position(s) you are applying for:

After reviewing the job announcement(s), please list any days/time you are not available to work on a regular basis.

Do you have the necessary certifications required by the position(s) you are applying for? Yes No

Please list certification information below:

Certification Type	Number	Issued By	Issue Date	Expiration Date

Administrative Skills (please check the boxes if you have these skills): 10-Key Typing _____ WPM

Please check the appropriate box if you have business proficiency in any of these Microsoft programs:

Access Excel Front Page Outlook PowerPoint Word

Driver's License: Yes No State: _____ Number: _____ Expires: _____
 Commercial Driver's License: Yes No State: _____ Number: _____ Expires: _____

Please explain any other information regarding how you qualify for the position(s):

ADDITIONAL INFORMATION

Other than listed in the "Work Experience" blocks on the previous page, were you ever employed by the City and County of Broomfield? Yes No

If "Yes," list the dates and positions held:

Please list all City and County of Broomfield positions you have applied for within the past three years:

List all names of relatives now employed by the City and County of Broomfield and your relationship:

Other than minor traffic offenses, have you ever been convicted of a crime or entered a plea of "guilty" or "no contest" to a crime? Yes No

If "Yes," you must describe (1) date of offense, (2) original charge or nature of offense, (3) name of jurisdiction in which offense occurred, (4) name of court in which sentencing occurred, and (5) disposition.

The existence of a criminal record does not constitute an automatic rejection of employment.

Have you ever been asked to leave a job involuntarily or through mutual agreement? Yes No

Have you ever been fired from a job? Yes No

Have you ever quit after being told you would be fired? Yes No

Any issues with your current or past employers? Yes No

If you have checked "Yes" to any of these questions, please explain:

Were you ever put on inactive status for cause, or subjected to disciplinary action (including but not limited to reprimand, suspension or demotion) while with any employer or organization? Yes No

If you have checked "Yes", please explain:

Have you included all positions you have held within the past 10 years on this application? Yes No

If "No" return to that section and complete in entirety or if space is not available, provide the requested information as an attachment.

REFERENCES

List those individuals who have known you for at least one year (not relatives or supervisors) and who know your qualifications and fitness for the job.

Full Name of Reference 1: Telephone Number: ()

Full Name of Reference 2: Telephone Number: ()

Full Name of Reference 3: Telephone Number: ()

SIGNATURE, CERTIFICATION AND RELEASE OF INFORMATION

I certify that the information in this application, supplement and all attachments is true and complete. I understand and agree that false statements, misrepresentations or omissions of information in this application, supplement, attachments, or other City and County of Broomfield applications or forms, may result in rejection of this application, removal from an eligibility list, or other disciplinary action. The City and County of Broomfield is expressly authorized to investigate all statements contained in this application, supplement or attachments. I consent to the release of information about my ability and fitness for employment by current and previous employers, schools, law enforcement agencies, and other individuals and organizations to investigators, recruiters, and other authorized employees of the City and County of Broomfield. Further, I understand and agree that employment by the City and County of Broomfield is conditioned upon the successful completion of an investigation into my background. I hereby authorize the City & County of Broomfield to conduct such background investigation, which may include, but are not limited to, a consumer report, social security number verification and credit check; criminal background check; sex offender registry check and driving records check, if applicable. I understand and agree that this background investigation also may include written evaluations, oral boards, Computer Voice Stress Analyzer (CVSA) or polygraph, psychological examination, medical examination, drug screen, agility or skill evaluation and other appropriate investigations. I understand and agree I may be disqualified from further consideration should I fail any of the testing or background processes. In the event that the City and County of Broomfield employs me, I agree to comply with all laws, ordinances, rules and regulations. Further, I understand and agree that my employment by the City and County of Broomfield does not grant me any right of continued employment, and the Personnel Merit System does not establish or create a contract of employment, either express or implied, between the City and County of Broomfield and me.

Signature:

Date Signed (Month/Day/Year):

Applicants are considered without regard to race, color, religion, gender, disability, national origin, age, veteran status, or any other legally protected status.

DO NOT WRITE IN THIS BOX – FOR USE BY CITY AND COUNTY OF BROOMFIELD RECRUITING STAFF

Evaluation	Score	Date/Time	Notified Results	of	Evaluation	Completed	Evaluation	Completed	Business References	Personal References
Skill					CVSA		Background			
Written					Agility		Drug Screen			
Interview					Psych		SO Registry			
2 nd Interview					Medical		DL	Status	Hire Date	Rate



CITY & COUNTY OF BROOMFIELD{PRIVATE }

The following information is being collected for our Equal Opportunity Employment program. This information will allow us to analyze who applies for jobs with the City & County and how they found out about the opening. This information will be separated from your application form and will not in any way be used in consideration of your application form. All information provided will be kept confidential. Refusal to provide this information will not subject you to any adverse treatment.

Position Applied For:	Date:
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Name of Applicant (Please Print):

I HAVE LEARNED OF THIS OPENING THROUGH (Check any that apply):

Newspaper Ad in:	Broomfield Enterprise	Sentinel	Denver Post
	Rocky Mountain News	Daily Camera	Other
City and County of Broomfield's Website			
Other Website	Name of website:		
Notice in a professional magazine or journal:	Name of magazine/journal:		
College, university, or trade school:	Name of School:		
Placement Service:	Name of Service:		
Personal contact with:	Name/Title of Individual:		
Ad on a City and County of Broomfield bulletin board			
City and County of Broomfield Workforce Center			
City and County of Broomfield Job Line (303) 438-6475			
Other:			

<input type="checkbox"/> I do not wish to provide the information below. (NOTE: Refusal to provide this information will NOT affect the status of your application form.)

GENDER (Please check the appropriate box):

GENDER:	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
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ETHNIC GROUP (Please check the all that apply):

<input type="checkbox"/>	WHITE - (Not of Hispanic origin) includes all persons having origins in any of the original people of Europe, North Africa, or Middle East.
<input type="checkbox"/>	BLACK - (Not of Hispanic origin) includes all persons having origins in any of the Black racial groups of Africa.
<input type="checkbox"/>	HISPANIC - includes all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Does not include persons of Portuguese culture or origin.
<input type="checkbox"/>	ASIAN OR PACIFIC ISLANDER - includes all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
<input type="checkbox"/>	AMERICAN INDIAN OR ALASKAN NATIVE - includes all persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

AGE (Please check the appropriate box):

AGE:	14-17	<input type="checkbox"/>	18-20	<input type="checkbox"/>	21-29	<input type="checkbox"/>	30-39	<input type="checkbox"/>	40-49	<input type="checkbox"/>	50-59	<input type="checkbox"/>	60+	<input type="checkbox"/>
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VETERAN'S PREFERENCE:

MILITARY:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	PREFERENCE:	NO PREFERENCE	<input type="checkbox"/>	5-POINTS	<input type="checkbox"/>	10-POINTS	<input type="checkbox"/>
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A copy of Form DD-214 to indicate eligibility for 5-Point Preference or a copy of a letter from the Veterans Administration to indicate eligibility for 10-Point Preference will be required if you are selected for an interview. No preference will be given without the proper documentation.

THIS INFORMATION WILL BE SEPARATED FROM YOUR APPLICATION FORM.
THANK YOU FOR YOUR COOPERATION.

