



City of Monte Vista  
Application for Employment  
*AN EQUAL OPPORTUNITY EMPLOYER*

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

NAME \_\_\_\_\_  
Last
First
Middle

Address \_\_\_\_\_  
Street
City
State
Zip Code

Telephone # \_\_\_\_\_ Cell/Other Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

**Referral Source (Please check the appropriate category)**

- Walk-in
- Employee (Please specify) \_\_\_\_\_
- Other (Please specify) \_\_\_\_\_

- Monte Vista Journal
- Monte Vista Workforce Center
- City of Monte Vista Website

If necessary, best time to call you at home is \_\_\_\_\_:\_\_\_\_AM/PM

May we contact you at work  Yes  No  
 If **yes**, work number and best time to call :  
 (\_\_\_\_) \_\_\_\_\_:\_\_\_\_AM/PM

Have you submitted an application here before?  Yes  No  
 If **yes**, give date(s) and position(s) \_\_\_\_\_

Have you ever been employed here before  Yes  No  
 If **yes**, give dates From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Are you legally eligible for employment in this country  Yes  No

Date available for work \_\_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay? \$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  
 Full-Time  Part-Time  Seasonal  
 Temporary  Educational Co-Op

If required would you move to Monte Vista?  Yes  No

Will you travel if job requires it?  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position?  
 N/A  Yes  No

Will you work overtime if required?  Yes  No  
 If **no**, please explain \_\_\_\_\_

Driver's license number required if driving may be required in the job for which you are applying:  
 No. \_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded?  Yes  No

*Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?  Yes  No

If **yes**, please provide date(s) and details \_\_\_\_\_

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

## Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Date employed	Month / Year	to	Month / Year
Street address	City	State	<b>Compensation (Starting)</b>		
Starting job title/final job title			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ Per
Immediate Supervisor and title (for most recent position held)	May we contact for reference	Compensation/Bonus/Other Compensation \$			
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<b>Compensation (Final)</b>			
Why did you leave?			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ Per
		Compensation/Bonus/Other Compensation \$			

Summarize the type of work performed and job responsibilities

What did you like most about your position?

What were the things you liked least about the position?

Employer	Telephone #	Date employed	Month / Year	to	Month / Year
Street address	City	State	<b>Compensation (Starting)</b>		
Starting job title/final job title			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ Per
Immediate Supervisor and title (for most recent position held)	May we contact for reference	Compensation/Bonus/Other Compensation \$			
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<b>Compensation (Final)</b>			
Why did you leave?			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ Per
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Immediate Supervisor and title (for most recent position held)	May we contact for reference	Compensation/Bonus/Other Compensation \$			
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<b>Compensation (Final)</b>			
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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<b>Compensation (Final)</b>			
Why did you leave?			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ Per
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Summarize the type of work performed and job responsibilities

What did you like most about your position?

What were the things you liked least about the position?

**Employment History**

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job  Yes  No  
 If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Skills and Qualifications**

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Computer Skills** (Check appropriate boxes, Include software titles and years of experience.)

- Word Processing \_\_\_\_\_ Years: \_\_\_\_\_  Internet \_\_\_\_\_ Years \_\_\_\_\_
- Spreadsheet \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years \_\_\_\_\_
- Presentation \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years \_\_\_\_\_
- E-mail \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_

**Educational Background**

Starting with your most recent school attended, provide the following information

School Include City & State	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

**References**

List name and telephone number of three business/work references who are *not* related to you and are not previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship To you	Telephone	Number of years known

**Related Information**

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disability, veteran/reserve National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disability, veteran/reserve national guard or any other similarly protected status.

\_\_\_\_\_

\_\_\_\_\_

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers?

- Yes
- No
- Not Applicable

If yes, please explain: \_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with the City of Monte Vista is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Manager.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_  
 City of Monte Vista

Employment Application

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 4

**AFFIRMATIVE ACTION  
VOLUNTARY INFORMATION**

We consider all applicants for positions without regard to race, color religion, sex national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable law governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with application laws and regulations.

Position(s) applied for \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**Referral Source** (Please check the appropriate category.)

- Walk-in \_\_\_\_\_
- Newspaper \_\_\_\_\_
- Employee (Please specify) \_\_\_\_\_
- Other (Please specify) \_\_\_\_\_
- Relative (Please specify) \_\_\_\_\_

**Applicant information**

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

- Male  Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- American Indian / Alaskan Native  Hispanic / Latino (White race only)  White
- Native Hawaiian / Other Pacific Islander  Hispanic / Latino (all other races)  Asian

**Administrative Use Only**

Date Application submitted \_\_\_/\_\_\_/\_\_\_ If not hired this application will be destroyed 60 days after the submitted date \_\_\_/\_\_\_/\_\_\_.

Position(s) applied for  Available  Not Available  Other

Other positions considered for \_\_\_\_\_  
Hired  Yes  No  
If yes, for what position \_\_\_\_\_

Set up interview  Yes  No