

Download and Submission Instructions

- 1) Open file.
- 2) Save the document to your computer in a location where you can locate it, such as on a Desktop or in a My Document folder.
- 3) Fill out the application by clicking on the individual fields and/or boxes and entering your information.
- 4) For electronic submission, there is a Digital Signature option (detailed instructions below).
- 5) Applicants may submit completed forms via email (either attached to the email as the electronic file, or filled out by hand and then scanned and attached to an email), fax, snail mail, or hand-delivered to the Cripple Creek City Hall.

Submission Contact Information:

Email: h.hildebrand@cripple-creek.co.us

Fax: (719) 689-2774

Mail: P.O. Box 430
Cripple Creek, CO 80813

Hand-Delivery: 337 East Bennett Avenue
Cripple Creek, CO 80813

Digital Signature Instructions

- 1) Once your electronic application is filled out, you will need to click on the Signature Fields located on pages 3, 4, and 5 of your application.
- 2) A pop up window will appear.
- 3) Create a new digital signature, and click “Next.”
- 4) Select “PKCS #12 digital ID file” and click “Next.”
- 5) Fill in the empty fields with your information. The last field should be labeled “Use digital ID for.” Select “Digital Signatures” from the drop down menu and click “Next.”
- 6) Select where you would like to save your Digital Signature file by clicking on “Browse...” Select your desktop from the browse menu. Enter and confirm a Password. Click “Finish.”
- 7) Enter your Password in the “Password” field and click “Sign.” This is your Digital Signature.
- 8) A pop-up window will allow you to save your document.

CITY OF CRIPPLE CREEK

Application for Employment

P.O. Box 430
337 E. Bennett Ave.
Cripple Creek, CO 80813

719-689-2502 Telephone
719-689-2774 Fax
www.cityofcripplecreek.com

FOR OFFICE USE ONLY

Received By: _____
Date: _____
Copied To: _____
Pages: _____

The City of Cripple Creek is an Equal Opportunity Employer dedicated to a policy of non-discrimination in employment on any basis of race, color, age, sex, religion, disability, national origin, veteran status, or status in any other protected group. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all the questions. Please complete this application in blue or black ink, no pencil. Resumes may be attached, but will not be accepted in lieu of a completed application.

Date: _____

Position Desired: _____ Part Time Full Time Date you can start: _____

Salary Desired: _____ Referred by: _____

Name: _____
Last First Middle

Present Address: _____
Street and Number City State Zip

Mailing Address: _____
Street and Number City State Zip

Telephone Number – Days: _____ Evenings: _____ Alternate: _____

Have you ever worked for the City before? Yes No If yes, please give dates and position: _____

Do any relatives by blood, marriage, or adoption work for the City of Cripple Creek or serve in an elected or appointed position for the City of Cripple Creek? Yes No

If yes, list name(s), department(s) and relationship(s): _____

Have you ever pled guilty, or no contest to, or been convicted of any misdemeanor or felony? Yes No

If yes, please give the date(s) and details: _____

NOTE: Answering “Yes” to this question does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

(Do not include minor traffic citations and arrests or convictions, which have been sealed or expunged in answering this question.)

EDUCATION

(Depending on the position sought, you may be required to provide a copy of your college transcript, certifications, or your professional registration/designation)

Names of High Schools, Colleges, Vocational/Technical, GED Testing Provider or other Schools Attended	City/State	# of Credits Completed (N/A H.S.)	Major Area(s) of Study	Diploma, GED, or Degree? Y/N	Type of Degree Received (N/A H.S.)

Record of Previous Employment

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Employment History		
Current or most recent employer:	Phone:	
Address:		
Your title:		
Employment Dates From:	To:	
Supervisor's name/title:		
Starting Salary:	Ending Salary:	
Work Performed/Duties:		
Exact reason for leaving:		
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:		Phone:
Address:		
Your title:		
Employment Dates From:	To:	
Supervisor's name/title:		
Starting Salary:	Ending Salary:	
Work Performed/Duties:		
Exact reason for leaving:		
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:		Phone:
Address:		
Your title:		
Employment Dates From:	To:	
Supervisor's name/title:		
Starting Salary:	Ending Salary:	
Work Performed/Duties:		
Exact reason for leaving:		
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:		Phone:
Address:		
Your title:		
Employment Dates From:	To:	
Supervisor's name/title:		
Starting Salary:	Ending Salary:	
Work Performed/Duties:		
Exact reason for leaving:		
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please explain fully any gaps in your employment history: _____

Have you ever been terminated from a job or asked to resign? Yes No
If yes, please explain the circumstances: _____

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying: _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

For jobs which require driving (MVR required as stated in employment ad):
Do you have a valid driver's license? Yes No
Driver's License Number: _____ Class: _____ State: _____ Expiration Date: _____
Have you had your driver's license suspended or revoked in the last 3 years? Yes No
If yes, please give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.) _____

Have you worked or attended school under any other names? Yes No
If yes, give names: _____

If hired, can you furnish proof that you are 18 years of age or older? Yes No
(If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying, with or without reasonable accommodation? Yes No

Do you have adequate transportation to and from work? Yes No

References

Please list three professional references that we are free to contact (no relatives). These individuals should be able to provide information about your knowledge, skills and abilities. Do not list supervisors you have already listed above.

Name	Relation	Address	Telephone Number	Number of Years Known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.
I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Signature

Date

AFFIDAVIT, CONSENT AND RELEASE
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that specific positions at the City of Cripple Creek may require me to provide evidence of an acceptable driving record.

I understand an employment offer is contingent upon successful completion of a pre-employment alcohol/drug test, review of work references and result of background check. I hereby consent to a pre- and/or post-employment drug screen/alcohol screen as a condition of employment, if required.

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.

If employed, I agree to abide by all policies, regulations and guidelines established by the City of Cripple Creek.

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 CITY ADMINISTRATOR OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, APPROVED BY THE CITY COUNCIL 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 and understand the "AFFIDAVIT, CONSENT AND RELEASE," and by my signature consent to these statements:

Signature

Date

FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

DISCLOSURE

As an applicant for employment or a current employee of this organization, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, this organization may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a “consumer reporting agency” is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as this organization.

A “consumer report” means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An “investigative consumer report” means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

Authorization

By signing below, I hereby voluntarily authorize this organization to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at this organization. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Signature

Date