

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: hhildebrand@cripple-creek.co.us Fax: (719) 689-3288

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
719-689-3288 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 and/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. Please include at least 10 years of employment, using an additional page as needed. 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:	
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:	
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:	
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:	
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	

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

Printed Name

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

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, **to request FMLA leave you must:**

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your **employer must:**

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing:**

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

