



APPLICATION FOR EMPLOYMENT TOWN OF MORRISON

Morrison Police Department
321 Highway 8
Morrison, CO 80465
Phone: 303-697-4810

The Town of Morrison is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, 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 be based on job-related factors. Please answer each question fully and accurately. No action will be taken on this application until you have answered all questions. Attach additional sheets if necessary. Please PRINT except for the signature on the back page. Be aware that none of the questions are intended to imply illegal preferences or discriminate based on non-job related information.

Background Information:

Date: _____

Name: _____

Present Address: _____

Permanent Address: _____

Home Phone: _____ Social Security Number: _____
(Optional)

Are you 18 years of age or older? YES NO
If hired, you may be required to submit proof of age.

If hired, can you provide proof you are eligible to work in the U.S. YES NO

Type of position you are seeking: Full-Time Part-time Temporary

Department Desired: _____ Position Desired: _____

Do you have a valid Colorado driver's license? YES NO
Have you had your driver's license suspended or revoked in the last 3 years? YES NO
If yes, please provide detail _____

Date you can start: _____ Salary Desired: _____

Have you ever applied to the Town of Morrison before? YES NO
If so, when and for what position(s)? _____

Have you ever been employed here? YES NO
If yes, when? _____

Are you currently employed? YES NO
May we contact your employer? YES NO

Have you ever been convicted of any law violations? YES NO
 (Including any plea of "guilty or "no contest." Excluding traffic violations.) YES NO
 If yes, please provide details. A conviction will not necessarily disqualify an applicant from employment.

Have you ever worked or attended school under any other name? YES NO
 If yes, please list: _____

Have you ever been fired or asked to resign? YES NO

Institution	Name and Location	Graduated (YES/NO)	Major	GPA
High School or GED				
College or University				
Post Graduate				

Additional Training: _____

Certificates: _____

Licenses: _____

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

Special Skills or Machines: _____

Computer Skills:

Please mark all computer programs in which you are competent.

Windows NT Microsoft Office Microsoft Word
 Windows 98 Microsoft Outlook Microsoft Excel

Windows 95
AutoCAD

Microsoft Access
LAW for Windows

Microsoft Publisher
Microsoft Publisher

Please list all additional programs in which you are proficient.

Office Suites _____

Presentation Graphics _____

Programming Language _____

Other _____

Full Name of References	Present Business or Home Address	Telephone Number(s) including area code

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 and 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 organization from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- an/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditional upon my successfully passing a 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 this application, verbal statements by management, or subsequent employment does not create an express or implied contract or employment nor guarantee employment for any definite period of time nor does it guarantee the conditions of employment. 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, and by my signature, consent to these statements.

Signature: _____ Date: _____

Employment History:

List your last four employers, starting with present or most recent. Please complete all information.

Date	Employer	Salary	Position/Duties	Reason for Leaving
From: To:	Name: Address: Supervisor: Phone:			
From: To:	Name: Address: Supervisor: Phone:			
From: To:	Name: Address: Supervisor: Phone:			
From: To:	Name: Address: Supervisor: Phone:			

