

**APPLICATION FOR EMPLOYMENT**  
**TOWN OF SNOWMASS VILLAGE**  
**TRANSPORTATION DEPARTMENT**  
P.O. BOX 5010  
51A ELBERT LANE  
SNOWMASS VILLAGE, CO 81615  
(970) 923-2543

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DATE OF APPLICATION: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ EMAIL: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL/OTHER PHONE: \_\_\_\_\_

**STATEMENT OF POLICY: EMPLOYMENT WITH THE TOWN OF SNOWMASS VILLAGE IS  
BASED ON INDIVIDUAL MERIT. EMPLOYMENT OPPORTUNITIES ARE OPEN TO ALL  
WITHOUT REGARD TO RELIGION, RACE, COLOR, NATIONAL ORIGIN, AGE, SEX,  
VETERAN-STATUS, OR DISABILITY.**

THE CAREFUL AND THOUGHTFUL COMPLETION OF THIS APPLICATION IS AN IMPORTANT STEP IN OUR CONSIDERATION OF AN INDIVIDUAL FOR EMPLOYMENT. THEREFORE, YOU MUST COMPLETE THE ENTIRE APPLICATION FULLY AND HONESTLY. IF YOU DO NOT, YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT. IT IS UNDERSTOOD THAT FALSE STATEMENTS ON THIS APPLICATION MAY, AT ANY TIME DURING YOUR EMPLOYMENT IF YOU ARE EMPLOYED, RESULT IN YOUR TERMINATION. YOUR APPLICATION MUST SPECIFY THE POSITION FOR WHICH YOU ARE APPLYING. PLEASE TYPE OR PRINT IN INK CLEARLY AND USE YOUR OWN HANDWRITING. IF YOU NEED ADDITIONAL SPACE FOR ANY OF YOUR ANSWERS, PLEASE USE THE BACKS OF THE PAGES OF THIS APPLICATION OR TYPE ON A SEPARATE SHEET OF PAPER AND INDICATE IN THE SPACE PROVIDED FOR YOUR ANSWER THAT IT IS CONTINUED ON THE BACK OF THIS PAGE.

**POSITION FOR WHICH YOU ARE APPLYING**

POSITION (USE SPECIFIC TITLE) \_\_\_\_\_

DATE AVAILABLE TO BEGIN WORK \_\_\_\_\_

FULL TIME \_\_\_\_\_ FULL TIME SEASONAL \_\_\_\_\_ PART TIME SEASONAL \_\_\_\_\_

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THE TOWN OF SNOWMASS  
VILLAGE BEFORE? \_\_\_\_\_ IF SO, WHEN? \_\_\_\_\_

IF SO, FOR WHAT POSITION(S)? \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE TOWN OF SNOWMASS  
VILLAGE BEFORE? \_\_\_\_\_ IF SO, WHEN? \_\_\_\_\_

IF SO, IN WHAT POSITION(S)? \_\_\_\_\_

**FORMER EMPLOYERS**

List your last four employers below, starting with the current or most recent one.

1. NAME AND ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE \_\_\_\_\_ POSITION: \_\_\_\_\_  
STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_  
DESCRIPTION OF DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_  
DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

2. NAME AND ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE \_\_\_\_\_ POSITION: \_\_\_\_\_  
STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_  
DESCRIPTION OF DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_  
DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

3. NAME AND ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE \_\_\_\_\_ POSITION: \_\_\_\_\_  
STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_  
DESCRIPTION OF DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_  
DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

4. NAME AND ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE \_\_\_\_\_ POSITION: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

DESCRIPTION OF DUTIES: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

IF APPLICABLE, EXPLAIN WHEN AND WHY YOU WERE UNEMPLOYED FOR ANY PERIODS IN EXCESS OF ONE MONTH FROM THE TIME YOU STARTED JOB NUMBER 4 TO THE PRESENT.

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

IF PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER PRIOR TO COMPLETION OF THE HIRING PROCESS? YES \_\_\_\_\_ NO \_\_\_\_\_

**WORK EXPERIENCE**

Respond only to the specific inquiries below that are relevant to the position for which you are applying. Put N/A on lines that do not apply. Feel free to supplement your answers with a resume and/or other pertinent documents.

TYPING SPEED \_\_\_\_\_ WPM.

TYPEWRITER/WORDPROCESSING EQUIPMENT WITH WHICH YOU ARE FAMILIAR

OFFICE EQUIPMENT WITH WHICH YOU ARE FAMILIAR

DESCRIBE NATURE AND EXTENT OF BOOKKEEPING/ACCOUNTING EXPERIENCE

DESCRIBE NATURE AND EXTENT OF MANAGEMENT EXPERIENCE

DESCRIBE NATURE AND EXTENT OF MECHANICAL, ELECTRICAL AND OTHER RELEVANT CONSTRUCTION/MAINTENANCE EXPERIENCE

CONSTRUCTION/MAINTENANCE TOOLS AND EQUIPMENT WITH WHICH YOU ARE FAMILIAR

FORKLIFT/TRACTOR AND OTHER HEAVY EQUIPMENT WHICH YOU HAVE HAD EXPERIENCE OPERATING

DESCRIBE ANY OTHER SKILLS OR EXPERIENCE YOU HAVE WHICH YOU FEEL IS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING

**EDUCATION**

HIGH SCHOOL

NAME AND ADDRESS \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ GPA \_\_\_\_\_

DATE GRADUATED \_\_\_\_\_

COLLEGE

NAME AND ADDRESS \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ GPA \_\_\_\_\_

DATE GRADUATED & DEGREE \_\_\_\_\_

MAJOR AND/OR AREAS OF SPECIALIZATION \_\_\_\_\_

GRADUATE

NAME AND ADDRESS \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ GPA \_\_\_\_\_

DATE GRADUATED & DEGREE \_\_\_\_\_

MAJOR AND/OR AREAS OF SPECIALIZATION \_\_\_\_\_

OTHER

NAME AND ADDRESS \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ GPA \_\_\_\_\_

DATE GRADUATED & DEGREE \_\_\_\_\_

MAJOR AND/OR AREAS OF SPECIALIZATION \_\_\_\_\_

OTHER FORMAL EDUCATION, TRADE SCHOOL, TRAINING, ETC. WHICH YOU FEEL IS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

LIST ANY LICENSES; CERTIFICATIONS, AWARDS, ETC. WHICH RELATE TO YOUR SKILL AND ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING:

**PERSONAL REFERENCES**

Supply the names of individuals who can give the Town information regarding your character, abilities and experience.

1. NAME & ADDRESS \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ YEARS AQUAINTED: \_\_\_\_\_

OCCUPATION \_\_\_\_\_

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2. NAME & ADDRESS \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ YEARS AQUAINTED: \_\_\_\_\_

OCCUPATION \_\_\_\_\_

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3. NAME & ADDRESS \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ YEARS AQUAINTED: \_\_\_\_\_

OCCUPATION \_\_\_\_\_

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HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC OFFENSE?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

(NOTE: AN ANSWER OF "YES" DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT)

IF SO, DESCRIBE \_\_\_\_\_

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**HAVE YOU EVER TESTED POSITIVE FOR A FEDERAL DOT PRE-EMPLOYMENT TEST?**  
**YES:\_\_\_\_\_ NO: \_\_\_\_\_ NOT APPLICABLE:\_\_\_\_\_**

**I certify that the information furnished on this application is true and correct. I understand and agree that any falsification, misrepresentation, misleading statements or omission of facts on either this application or during the pre-hire process will be sufficient reason for (1) my not being offered employment or (2) dismissal at any time from the service of the Town if employed. In addition, I authorize my former employers to provide to the Town of Snowmass Village any information regarding my employment, including and in addition to the information set forth in this application, and I release all parties from any liability for any damages which may result from furnishing information in connection with my application for employment. I agree to conform to all Town of Snowmass Village policies, rules and regulations if employed. I understand and agree that if employed by the Town of Snowmass Village my employment will be on an at-will basis, which means that I have the right to terminate my employment at any time, with or without cause and with or without advance notice, and the Town of Snowmass Village has the same right. I further understand and agree that no employee or representative of the Town of Snowmass Village, other than the Town Manager, has the power or authority to enter into any oral or written agreement for employment for any specified period of time, or to make any representations or agreements contrary to the foregoing, unless that representation is in writing and signed by the Town Manager.**

**SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_**

**\*IF THE POSITION FOR WHICH YOU ARE APPLYING WILL REQUIRE YOU TO DRIVE A  
MOTORIZED VEHICLE, YOU MUST ALSO FILL OUT THE ATTACHED FORM.**

**DRIVING EXPERIENCE AND INFORMATION**

COMPLETE THIS FORM IF THE POSITION FOR WHICH YOU ARE APPLYING WILL REQUIRE YOU TO DRIVE A MOTORIZED VEHICLE.

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

\*DATE OF BIRTH: \_\_\_\_\_ \*SOCIAL SECURITY#: \_\_\_\_\_

DESCRIBE NATURE AND EXTENT OF DRIVING EXPERIENCE:

LIST ALL TRAFFIC VIOLATIONS, TICKETS AND CITATIONS BELOW AND DESCRIBE DETAILS:

LIST AND DESCRIBE ALL TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED OVER THE PAST FIVE YEARS:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*In order for the Town of Snowmass Village to obtain your driving records as required by the United States Department of Transportation, it must provide your date of birth and social security number to the Colorado Department of Motor Vehicles.**

**APPLICANT INFORMATION (PLEASE PRINT LEGIBLY)**

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ M: \_\_\_\_\_

**PREVIOUS NAME (S):** (maiden / marriage etc.) \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE: \_\_\_\_\_

PREVIOUS ADDRESSES: (Include dates of residence. Attach additional sheet, if necessary)

Street	City	State / Zip	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***Disclosure and Authorization: In processing your application for employment The Town of Snowmass Village (TOST) may obtain an investigative report from Intelligent Background Check (IBC). By your signature above, you authorize TOSV and IBC to investigate any criminal, credit, motor vehicle, workers' compensation, education, reference and employment history. In connections with this investigation, you authorize all law enforcement agencies,, schools, employers, credit bureaus, government or any other agency deemed necessary to release any information IBC may require in connection with this investigation. I also agree to hold harmless IBC and any agent acting on behalf, from any and all liability or responsibility arising through the investigation of my background. This authorization in original or copy form shall be valid for this and any future investigation conducted by the company.***

**FOR OFFICIAL USE ONLY (INDICATE SERVICES TO BE PERFORMED)**

FAX TO: (303) 403-0809

CONTACT: \_\_\_\_\_ FAX # \_\_\_\_\_ ACCT# \_\_\_\_\_



## Applicant Drug Testing Acknowledgment

**I understand that as part of my application for employment I must successfully complete a USDOT drug test as required by 49 CFR parts 40& 655. I understand that a negative test result is required before I will be able to perform a safety sensitive function. Participation in the federal drug and alcohol testing program is a condition of employment.**

**I also certify that I have not had a positive drug test result on a DOT pre-employment drug test in the past 2 years.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Collection site Arrival Date \_\_\_\_\_ & Time \_\_\_\_\_

# Previous Employer Drug and Alcohol Testing Release Form Required by the Dept. of Transportation (49CFR part 40.25)

Agency Requesting: Town of Snowmass Village, Fax Reply to: (970) 922-7347

As a requirement of 49CFR part 40.25 it is necessary to obtain drug and alcohol testing information from applicants' previous covered employer(s). This information must be obtained from all DOT regulated employers from the preceding two years. The documentation **must** be obtained no later than 30 calendar days after the first time a covered employee performs a safety-sensitive function.

**Attention Personnel: New hires must fill out and sign this release form**

## **PART 1 – TO BE COMPLETED BY APPLICANT**

I, \_\_\_\_\_, hereby authorize the following companies (for which I worked) to furnish the information requested concerning my drug and alcohol test records:

**This information will be released to Town of Snowmass Village (company/agency)**

Previous DOT covered employers for the past 2 years: **Print Clearly**

Company Name	Address, City and State	Phone	Fax

This Authorization is valid until withdrawn by me in writing.

**Dated this** \_\_\_\_\_ **day of** \_\_\_\_\_, **201**\_\_\_\_\_

**Name of applicant (print)** \_\_\_\_\_ **Signature of applicant** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

## **PART 2. – TO BE COMPLETED BY PREVIOUS EMPLOYER**

1. Has this person received any positive results for controlled substance tests in the past 2 years? Yes, No
2. Has this person received Alcohol test results of 0.04 or greater in the past 2 years? Yes, No
3. Has this person refused to participate in the required testing program in the past two years? Yes, No
4. Has a Substance Abuse Professional evaluated this person? Yes, No

If yes, is he/she in compliance with SAP's recommendations?

If you answered, "Yes" to any of the previous questions please release all documentation relating to the SAP evaluation, assessment, recommendations, and follow up & return to duty testing records.

SAP Name \_\_\_\_\_ SAP Phone # \_\_\_\_\_

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Name of person releasing information \_\_\_\_\_ Signature \_\_\_\_\_

**Fax Completed form as soon as possible to Brandi Lindt at (970) 922-7347 or**

**Mail to: Town of Snowmass Village, Attn. Brandi Lindt, P.O. Box 5010, Snowmass Village, CO 81615**