



301 Walnut Street  
Windsor, CO 80550  
Fax (970) 674-2496

The Town of Windsor is an  
Equal Opportunity Employer

### APPLICATION FOR EMPLOYMENT

**IMPORTANT: Prior to filling out this application save, the PDF on your computer or flash drive!**

Submit saved and completed application to [jobs@windsorgov.com](mailto:jobs@windsorgov.com), fax to 970-674-2496, or mail / deliver to address at top of application, attention HR. You may need to download Adobe Reader prior to filling out application: <https://get.adobe.com/reader>.

The Town of Windsor does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, disability, genetic information 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 are based on job-related factors.

## General

Position Applied For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Name (Last, First, MI) \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
(if different) Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you at least 14 years of age? Yes No Area you at least 18 years of age? Yes No

Seeking Employment Full Time Part Time Seasonal When could you start work? \_\_\_\_\_

Are you related to any current Town of Windsor employee or elected official? Yes No If yes, who? \_\_\_\_\_  
Relationship: \_\_\_\_\_

Have you previously applied at the Town of Windsor? Yes No If yes, when? \_\_\_\_\_  
Date Position

Have you ever been employed at the Town of Windsor? Yes No If yes, when? \_\_\_\_\_  
Date Position

### FOR DRIVING JOBS ONLY:

Do you have a valid driver's license? Yes No

Do you have documentation to prove eligibility to work in the United States? Yes No

## References

Name	Email address	Phone Number	Relationship
1.			
2.			
3.			

# Education

High School Graduate/GED:                      Yes                      No    If no, what is the highest grade completed?

Schools Attended: High School, College or Business, Trades, Technical Training

Name and Location Of School	Major/Minor Course of Study	Type Received Degree, Certificate or Diploma

# License/Certifications

Attach copies of certifications with application

List Type of Certification	License/Certification Number	Expiration Date	Certification Type	Expiration Date
	#	/ /	Flagger	/ /
	#	/ /	Life Guard	/ /
	#	/ /	WSI	/ /
	#	/ /	Concussion Training	/ /
	#	/ /	CPR/First Aid	/ /
	#	/ /	CPR/Professional Rescuer	/ /
	#	/ /	Certified Pool Operator	/ /

# Special Skills

Describe any specialized training, apprenticeship, skills, machine and equipment skills and/or special job-related skills and qualifications acquired from employment or other experience, including Unite States Military job-related training:

Software Application Skills			
Indicate your level of expertise			
	Beginner	Intermediate	Expert
Computer			
10-Key Touch			
Windows			
Excel			
Access			
Outlook			
PowerPoint			
Word			
Other :			
Other:			
Other:			
Other:			

# Work History

List jobs starting with current or most recent employer. Please list the last seven (7) years of employment. Account for all periods of time including military service and any periods of unemployment.

Your Job Title	Phone Number:	From: (mm/dd/yy)	To: (mm/dd/yy)
Company:	Address: (street)	City, State, Zip:	
Supervisor's Name & Title:	Email Address:	May We Contact? Yes No	
Reason for Leaving:			
Duties: _____			

Your Job Title	Phone Number:	From: (mm/dd/yy)	To: (mm/dd/yy)
Company:	Address: (street)	City, State, Zip:	
Supervisor's Name & Title:	Email Address:	May We Contact? Yes No	
Reason for Leaving:			
Duties: _____			

Your Job Title	Phone Number:	From: (mm/dd/yy)	To: (mm/dd/yy)
Company:	Address: (street)	City, State, Zip:	
Supervisor's Name & Title:	Email Address:	May We Contact? Yes No	
Reason for Leaving:			
Duties: _____			

Your Job Title	Phone Number:	From: (mm/dd/yy)	To: (mm/dd/yy)
Company:	Address: (street)	City, State, Zip:	
Supervisor's Name & Title:	Email Address:	May We Contact? Yes No	
Reason for Leaving:			
Duties: _____			

If hired, you will be required to provide proof of your eligibility to work in the United States.

## 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.



This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town of Windsor is on an "at will" nature, which means that the Employee may resign at any time and the Town of Windsor may discharge an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Town Manager.

I understand that I am required to abide by all policies and procedures of the Town of Windsor. **I am aware that if I am hired for a seasonal or temporary status position, my employment will be limited to the time period necessary to complete the particular assignment and does not guarantee re-employment the following season.** I understand I am required to successfully complete all pre-employment background screenings.

**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.**

I have read, understand and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This application for employment will remain active for a period of 60 days.*

**Notice Regarding Medical and/or Recreational Marijuana Use:** *Because the possession and use of marijuana whether for medical use or otherwise, constitutes a federal offense and because the Town is a drug free workplace, the Town will not accommodate the medical use of marijuana and enforces written policy prohibiting working for the Town while marijuana is in the body. The fact that state law recognizes medical marijuana as a prescribed or otherwise permitted, medication does not alter or otherwise change this policy.*

*The Town of Windsor is an Equal Opportunity Employer. Applicants are considered for positions for which they have applied without regard to gender (regardless of gender identity or gender expression), race, color, religion, creed, national origin ancestry, age 40 or older, marital status, disability, sexual orientation, genetic information, pregnancy or other characteristics protected by law.* **BACKGROUND CHECK AND DRUG TEST REQUIRED.**

Revised 01/2019