

# CITY OF TRINIDAD

## APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** It is important that you answer all questions on this application fully and accurately. Failure to do so may delay its consideration and could mean loss of employment opportunities. If an item does not apply to you, or if there is no information to be given, please write the letters "NA" for Not Applicable. Please print or type.

The City of Trinidad considers all applicants for employment without regard to race, color, religion, ethnicity, gender, national origin, age, physical handicap, or any other protected status or classification in accordance with state and federal laws. The City of Trinidad also provides "reasonable accommodations" to qualified individuals with known disabilities, in accordance with the Americans with Disabilities Act.

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Position applying for:

Date:

Name:

Last

First

Middle

Address:

City

State

Zip Code

Telephone

Cell Phone

Email address

Are you a US Citizen?    Yes    No - If no, do you have the legal right to work in the United States?    Yes    No

It will be necessary to submit documents as required by law to verify your identification and employment authorization upon employment.

Have you previously applied with the City of Trinidad?    Yes    No - If Yes, date of application

Have you ever been employed with the City of Trinidad?    Yes    No

If Yes, dates of employment                      to                      Job title

Are you currently employed?    Yes    No                      May we contact your present employer?    Yes    No

Are you on a layoff or subject to recall?    Yes    No                      Are you willing to travel if a job requires it?    Yes    No

Are you available to work:    Full time    Part time    Temporary    Shift work    Date available

Have you been convicted of a felony within the last 7 years?    Yes    No    (Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain

### EDUCATION AND TRAINING

Did you graduate from high school or receive your GED?    Yes    No - If no, list highest grade completed

If yes, list high school or GED agency    Year graduated

Additional education: List colleges, trade schools, or other forms of training above the high school level.

Name of School or Program	Diploma, Degree or Certification received	Date(s) attended	Subject

List computer skills / programs you have used:

List machines or equipment operated:

List any additional training, technical skills, or professional knowledge that would support your application:

**EMPLOYMENT HISTORY**

List your employment experience, beginning with your current or most recent employer and work back. Include military experience and account for periods during which you were unemployed.

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Employer:	Dates employed		to
Address:	City	State	Zip Code
Telephone	Supervisor's Name		
Job title	Hours worked	Beginning pay	Ending pay
Duties performed:			
Reason for leaving or wanting to leave			

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Employer:	Dates employed		to
Address:	City	State	Zip Code
Telephone	Supervisor's Name		

Job title	Hours worked	Beginning pay	Ending pay
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Duties performed:

Reason for leaving or wanting to leave

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Employer:	Dates employed	to
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Address:	City	State	Zip Code
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Telephone	Supervisor's Name
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Job title	Hours worked	Beginning pay	Ending pay
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Duties performed:

Reason for leaving or wanting to leave

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Employer:	Dates employed	to
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Address:	City	State	Zip Code
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Telephone	Supervisor's Name
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Job title	Hours worked	Beginning pay	Ending pay
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Duties performed:

Reason for leaving or wanting to leave

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Please explain any lapses in employment history

Have you been fired or asked to resign from any job within the past 10 years?    Yes    No

If yes, please explain:

**REFERENCES** – List 3 references, excluding relatives

Name	Occupation	Dates known	Telephone

**ADDITIONAL INFORMATION:** Provide any additional information that you feel may be helpful to the City in arriving at a decision concerning your qualifications for employment.

**OPTIONAL INFORMATION:**

Have you ever served in the US Armed Forces?    Yes    No – If yes, what branch of service

List dates of service and type of discharge

List duties in the service, including special training that is relevant to the position for which you are applying.

**APPLICANT'S STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in disqualification or discharge. I also understand that I am required to abide by all rules and regulations of the City of Trinidad.

Signature of Applicant

Date

***APPLICATIONS ARE KEPT ON FILE FOR THIRTY DAYS ONLY***



## City of Trinidad, Colorado

### Authorization of Criminal Background Investigation

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I hereby authorize any investigator, special agent, or other duly accredited representative of the authorized City agency conducting background investigations to obtain information relating to my criminal history record. I authorize the City agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of my suitability or eligibility for employment. I further authorize any investigator, special agent, or other duly accredited representative of the City of Trinidad to request criminal record information about me from any other criminal justice agency for the purpose of determining my eligibility for employment.

I understand and acknowledge that I may request a copy of such records as may be available to me under the law. I further understand and acknowledge that the information released by records custodians in accordance with this authorization shall be for official use by the City of Trinidad only for the purpose(s) provided in this authorization, and that said information may be re-disclosed by the City only as authorized by law.

I, \_\_\_\_\_, hereby certify that I have read the foregoing paragraphs and authorize the City of Trinidad to conduct a criminal background investigation for the purpose(s) described.

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

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

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# This Employer Participates in E-Verify

# E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to reverify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match

the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 1-800-235-7688 (TDD: 1-800-237-2515).

## NOTICE

**Federal law requires  
all employers  
to verify the identity and  
employment eligibility  
of all persons hired to work  
in the United States.**

Employment Verification.  Done.

For more information on E-Verify,  
please contact DHS at:

**1-888-464-4218**



E-VERIFY IS A SERVICE OF DHS AND SSA