



SPACE FOR DETAILED ANSWERS FROM PAGE 1 (Please indicate the item number to which the explanation applies. Be certain you give complete, detailed information. Use supplemental sheet, if necessary) \_\_\_\_\_

**EMPLOYMENT HISTORY: List all present and past employment. Applicants should provide 10 consecutive years of employment history, if applicable. Attach additional sheets if necessary. If submitting a résumé, please include all information requested on this application.**

Current/Most Recent Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Type of Business \_\_\_\_\_

Employed From: \_\_\_\_\_ (mo/yr) To: \_\_\_\_\_ (mo/yr) Final Pay \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor Title \_\_\_\_\_ May we contact? \_\_\_\_\_

Job Title(s) \_\_\_\_\_

Describe your major duties and responsibilities with this employer: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving or wanting to leave \_\_\_\_\_

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Previous Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Type of Business \_\_\_\_\_

Employed From: \_\_\_\_\_ (mo/yr) To: \_\_\_\_\_ (mo/yr) Final Pay \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor Title \_\_\_\_\_ May we contact? \_\_\_\_\_

Job Title(s) \_\_\_\_\_

Describe your major duties and responsibilities with this employer: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Previous Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Type of Business \_\_\_\_\_

Employed From: \_\_\_\_\_ (mo/yr) To: \_\_\_\_\_ (mo/yr) Final Pay \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor Title \_\_\_\_\_ May we contact? \_\_\_\_\_

Job Title(s) \_\_\_\_\_

Describe your major duties and responsibilities with this employer: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Use a Supplemental Sheet, available in Employee Relations, if necessary.

**OTHER EXPERIENCE:** List any significant voluntary, military or other relevant experience that you feel further qualifies you for the position for which you are applying. Do not list organizations which would identify race, color, creed, sexual orientation, religion, ancestry, age, sex, national origin, military status, veteran status, marital status, disability, or other protected status.

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**EDUCATION AND TRAINING**

High School diploma or GED? \_\_\_\_\_Yes \_\_\_\_\_No

List any professional licenses or certifications \_\_\_\_\_

**HIGHER EDUCATION**

Name & Address of College, University or Business Vocational School (Official transcripts may be required)	Degree/Certificate	Major Field of Study	Total Credit Hours	Did you Graduate?

**TYPING SKILLS:** Keyboarding/Typing words per minute \_\_\_\_\_ Data Entry keystrokes per hour \_\_\_\_\_

Adding Machine/10-Key/By Touch \_\_\_\_\_ Yes \_\_\_\_\_ No

**SPECIAL SKILLS OR QUALIFICATIONS -- Please place a check mark next to any skills you possess.**

- PC Spreadsheets       PC Databases       HTML       Transcription/Dictaphone       Other

Computer Software you can operate: \_\_\_\_\_

Computer Hardware you can operate: \_\_\_\_\_

**LICENSES/CERTIFICATES:** List and indicate the issuing authorities and dates of issue and operation. \_\_\_\_\_

**LANGUAGE ABILITY:** Are you proficient in a language other than English? What language? What is your proficiency level? \_\_\_\_\_

**ADDITIONAL SKILLS:** List any additional skills or qualifications that you possess. \_\_\_\_\_

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided 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 justify my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application 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 if I am extended an offer of employment, it may be conditioned upon my successfully completing any required examinations, and that, as required by the Immigration Act of 1986, I can provide identification which verifies my United States Citizenship or authorization to work or remain in the United States. 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 that if I am extended an offer of employment, it will be conditional upon my agreement to City policies.

If applying for a position in any Lakewood child-care program, please note that "Any applicant who knowingly or willfully makes a false statement of any material fact or thing in this application is guilty of perjury in the second degree as defined in section 18-8-503, Colorado Revised Statutes, and upon conviction thereof, shall be punished accordingly."

I have read, understand, and by my signature, consent to these and all statements contained within this application.

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

EQUAL OPPORTUNITY EMPLOYER

The City of Lakewood is an Equal Opportunity Employer. All applicants are considered for all positions for which they apply and qualify, regardless of race, color, creed, religion, ancestry, sex, sexual orientation, age, national origin, military service, veteran status, marital status, or disability.

CITY OF LAKEWOOD EQUAL EMPLOYMENT OPPORTUNITY RECRUITMENT DATA

The City of Lakewood is an Equal Opportunity Employer. In an effort to determine the representation of all segments in the community responding to our recruiting efforts, please complete the information requested on this card. This information is used only for statistical reports required by the Federal Government.

THIS PORTION WILL BE REMOVED BY EMPLOYEE RELATIONS STAFF, AND THE INFORMATION YOU PROVIDE WILL BE KEPT CONFIDENTIAL AND WILL NOT BE SEEN OR USED BY THE PERSON REVIEWING YOUR EMPLOYMENT APPLICATION. REFUSAL TO PROVIDE THE REQUESTED INFORMATION WILL NOT AFFECT YOUR EMPLOYMENT OPPORTUNITIES WITH THE CITY OF LAKEWOOD.

PLEASE INDICATE YOUR RACE/ETHNIC HERITAGE:

- WHITE (Not of Hispanic Origin) • Includes all persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK (Not of Hispanic Origin) • Includes all persons having origin in any of the Black racial groups with the exception of those persons of Hispanic origin.
- HISPANIC • Includes all persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin regardless of race.
- ASIAN OR PACIFIC ISLANDER • Includes all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian Subcontinent.
- AMERICAN INDIAN OR ALASKAN NATIVE • Includes only those persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

OTHER (Please Specify)

MALE

FEMALE