

CITY OF CASTLE ROCK

Employment Application

		Applicant	Inform	ation			
Full Name:						Date:	
	Last	First			M.I.		
Address:	-						
	Street Address					Apartment/Unit #	
	City				State	ZIP Code	
	Oily						
Phone:			Email				
Date Availal	Date Available: Social Security No.: Desired Salary:						
Position App	olied for:						
Are you a ci	tizen of the United States?	YES NO	If no, a	are you a	authorized to v	YES vork in the U.S.?	NO
Have you ev	er worked for this agency	YES NO	If yes,	when?_			
Have you ev	ver been convicted of a fel	YES NO DONY?					
If yes, expla	in:						
		Educ	ation				
High School	l:	Address	:				
From:	To:	_ Did you graduate?	YES	NO	Diploma:		
College:		Address	:				
From:	To:	_ Did you graduate?	YES	NO	Degree:		
Other:		Address	:				
From:	To:	Did you graduate?	YES	NO	Degree:		

	References	
Please list three professional re	eferences.	
Full Name:		Relationship:
Company		Phone:
Address:		
		Relationship:
0		Phone:
Addross:		
Full Name:		Relationship:
Company		Phone:
A daluaca s		
	Previous Employment	
Company:	·	Phone:
Address		Our and a sec
Job Title:		- "
	YES NO	
May we contact your previous su	upervisor for a reference?	
Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary:	Ending Salary:
Responsibilities:		
	YES NO	
May we contact your previous su	upervisor for a reference?	
Company:		Phone:
A daluaca s		Supervisor:
Job Title:	Starting Salary:\$	Ending Salary:\$

Responsibilities:								
From: To:	Reason for Leaving:							
May we contact your previous supervisor for a reference?	YES	NO						
Military Service								
Branch:		_ From:	To:					
Rank at Discharge:	Type of Discharge:							
If other than honorable, explain:								
Disclaimer and Signature								
I certify that my answers are true and complete to the best of my knowledge.								
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.								
Signature:	Date:							