



BOROUGH OF DENVER

APPLICATION FOR EMPLOYMENT

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

NAME _____

ADDRESS _____

TELEPHONE NO. _____

EMAIL _____

POSITION REQUESTING _____

DATE YOU CAN START ____/____/____

ARE YOU CURRENTLY EMPLOYED _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES _____ NO _____
IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES _____ NO _____

HAVE YOU EVER WORKED FOR DENVER BOROUGH? YES _____ NO _____
IF YES, WHEN? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____
IF YES, EXPLAIN? _____

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DEGREE	COURSE OF STUDY
GRAMMER _____			
HIGH SCHOOL _____			
COLLEGE _____			
TRADE OR BUS. SCHOOL _____			

FORMER EMPLOYERS (Please list below your last three (3) employers starting with your current or most recent employer.)

NAME OF EMPLOYER _____

ADDRESS _____ TELEPHONE NO. _____

FROM ____/____/____ TO ____/____/____

SUPERVISOR _____

DUTIES _____

REASON FOR LEAVING _____

NAME OF EMPLOYER _____

ADDRESS _____ TELEPHONE NO. _____

FROM ____/____/____ TO ____/____/____

SUPERVISOR _____

DUTIES _____

REASON FOR LEAVING _____

NAME OF EMPLOYER _____

ADDRESS _____ TELEPHONE NO. _____

FROM ____/____/____ TO ____/____/____

SUPERVISOR _____

DUTIES _____

REASON FOR LEAVING _____

REFERENCES (Please list three (3) people not related to you.)

NAME

TELEPHONE NO.

YEARS ACQUAINTED

1. _____

2. _____

3. _____

DENVER BOROUGH IS HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL REFERENCES AND ANY OTHER RELEVANT DATA, INCLUDING, BUT NOT LIMITED TO FINANCIAL, CREDIT, OR OTHER PERSONAL RECORDS THROUGH ANY SOURCE (INCLUDING, BUT NOT LIMITED TO FRIENDS, NEIGHBORS, POLICE DEPARTMENTS, AND ANY GOVERNMENT UNIT, WHETHER FEDERAL, STATE, OR LOCAL). I UNDERSTAND THAT THE ANSWERS OF THOSE PERSONS CONTACTED BY THE BOROUGH OR ITS REPRESENTATIVES MAY, IF IT SO CHOOSES, REQUEST ADDITIONAL PERSONAL REFERENCES, IF, IN ITS SOLE DISCRETION, DEEMS ADDITIONAL INFORMATION RELEVANT.

OATH OF AFFIRMATION

(THIS OATH MUST BE EXECUTED BY A NOTARY PUBLIC OR OTHER AUTHORIZED OFFICER, BEFORE WHOM THE APPLICANT MUST APPEAR IN PERSON AND AFFIX HIS/HER SIGNATURE.)

Subscribed and duly sworn to before me according to
law by the above named applicant this _____
day of _____, 20____, at _____
County of _____
State of _____

I hereby certify that there are no willful misrepresentations or falsifications of fact in the above statements. I am aware that should investigation disclose such misrepresentation or falsifications, my application will be rejected.

Signature of Applicant

Signature of Notary

Date

Official Title