

Town of Flagler

Office of the Clerk

311 Main Avenue, PO Box 126~ Flagler Colorado 80815-0126
719-765-4571 ~ townclerk@flaglercolorado.com



Employment Application

Town of Flagler is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis provided by local, state, or federal law, should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out the sections below

Applicant Information

Applicant Name: _____
Address: _____
City, State, and Zip Code: _____
Telephone Number: _____
Email Address: _____
Date of Application: _____

Employment Position:

Position(s) applying for (circle option): LIFEGUARD/ SUMMER HELP/ SUMMER COACH /
OTHER: _____

How did you hear about this position? _____
What days are you available to work? _____
What hours or shift are you available for work? _____
On what date can you start? _____
Do you have reliable transportation to and from work? _____

Personal Information:

Have you ever applied for Town of Flagler before? Yes No
If yes, when? _____

Do you have any friends, relatives, or acquaintances working for Town of Flagler Yes No
If yes, state name and relationship. _____

Are you a U.S citizen or approved to work in the United States? Yes No
What document can you provide as proof of citizenship or legal status? _____

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Job skills/qualifications:

Please list below the skills and qualifications you possess for the position for which you are applying.

Education and Training:

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when dispatched? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Previous Employment:

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State, Zip code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

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Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State, Zip code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State, Zip code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

References:

Please provide 4 personal and professional reference(s) below.

Reference	Contact Information

Additional Information:

Do you have accounting background?	Yes	No
Do you have billing experience?	Yes	No
Do you have payroll experience?	Yes	No

AT-WILL EMPLOYMENT

The relationship between you and the Town of Flagler is referred to as "employment at will". This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Town of Flagler. No representative of Town of Flagler has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Office or the Company's President.

Applicant Signature _____

Date _____