



APPLICATION FOR TEMPORARY (SEASONAL) EMPLOYMENT

CITY AND COUNTY OF BROOMFIELD

One DesCombes Drive

Broomfield, Colorado 80020

Telephone: (303) 438-6320 – Facsimile (303) 438-6328 – Job Line (303) 438-6475

Website: www.broomfield.org

An Equal Employment Opportunity Employer

GENERAL INFORMATION			
Position(s) for which you are applying:	HR USE ONLY:	Check One Box – I am currently:	
		<input type="checkbox"/> Under age 14	<input type="checkbox"/> Age 14 BLT 15
		<input type="checkbox"/> Age 15 BLT 16	<input type="checkbox"/> Age 16 BLT 18
		<input type="checkbox"/> Age 18 and over	BLT = But less than
Name (First, Middle, Last):	Are you or have you ever been known by any other first or last name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list all variations:		
CONTACT INFORMATION			
Permanent Address:		Current Address (if different):	
_____		_____	
_____		_____	
Permanent Phone #:	_____	Current Phone #: _____	
Alternate Cell/Pager #:	_____	Date thru which we may reach you at this location: _____	
Email Address:			
(The status of your application will be provided <u>via email only</u> . If a valid address is not provided, you will not receive notification.)			
AVAILABILITY			
Date you are available to begin working: _____			
Date through which you commit to work: _____			
Days/times you are unable to work: _____			
Date(s) which you will be unable to work due to planned special circumstances such as vacation, special events, etc. _____			
Important Note: The above dates are extremely important. If you are hired, you will be expected to work as scheduled on the dates which you have indicated. Failure to follow through and work these dates may result in your not being eligible for re-hire in the future.			
EDUCATION/EXPERIENCE			
High school diploma or GED <input type="checkbox"/> Yes <input type="checkbox"/> No		Indicate the highest grade completed 8 9 10 11 12 13 14 15 16	
Complete the requested information for all employers for the <u>past five years</u>. If you are a returning employee, please complete employment since your separation from the City and County of Broomfield.			
Name of Employer/Organization:		Mailing Address (Street/PO Box, City, State, Zip Code):	
Employed From (Month/Year):		Starting Salary: \$	Position Title:
Employed To (Month/Year):		Ending Salary: \$	
Name of Immediate Supervisor:	Supervisor's Telephone Number:		Average # of hours worked per week:
Reason for Leaving:			OK to call? Yes No
Name of Employer/Organization:		Mailing Address (Street/PO Box, City, State, Zip Code):	
Employed From (Month/Year):		Starting Salary: \$	Position Title:
Employed To (Month/Year):		Ending Salary: \$	
Name of Immediate Supervisor:	Supervisor's Telephone Number:		Average # of hours worked per week:
Reason for Leaving:			OK to call? Yes No

Note: Due to the number of applications we receive, we consider Broomfield residents first for all seasonal positions. If you are not a resident, please be advised that it may take us longer to review and respond to your application.

Name of Employer/Organization:		Mailing Address (Street/PO Box, City, State, Zip Code):	
Employed From (Month/Year):	Starting Salary: \$	Position Title:	
Employed To (Month/Year):	Ending Salary: \$		
Name of Immediate Supervisor:	Supervisor's Telephone Number:	Average # of hours worked per week:	
Reason for Leaving:			OK to call? Yes No
Have you included all positions for the past five years, or since your separation from Broomfield? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "No" complete that section in its entirety or, if space is not available, provide the requested information as an attachment.			
OTHER QUALIFICATIONS			
Please indicate any experience or training not listed above which you feel should be considered in evaluating your application. Feel free to include any outside activities or volunteer work that may qualify you. Also, include any applicable certifications you have (i.e. First Aid/CPR). In other words, why should you be selected for a n interview over the other candidates that have applied? _____ _____ _____ _____			
Have you previously worked for Broomfield? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate dates and position(s).			
Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		State: _____	#: _____
ADDITIONAL INFORMATION			
Have you <u>ever</u> been charged with a crime <u>that resulted</u> in a plea of guilty, no contest, deferred judgement, deferred prosecution, or conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," you must describe (1) date of offense, (2) original charge or nature of offense, (3) name of jurisdiction in which offense occurred, (4) name of court in which sentencing occurred, and (5) disposition. <i>The existence of a criminal record does not constitute an automatic rejection of employment.</i>			
Have you <u>ever</u> been asked to leave a job involuntarily or through mutual agreement?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you <u>ever</u> been fired from a job?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you <u>ever</u> quit after being told you would be fired?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any issues with your current or past employers?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you <u>ever</u> put on inactive status for cause, or subjected to disciplinary action (including but not limited to reprimand, suspension or demotion) while with any employer or organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have checked "Yes" to any of these questions, please explain:			
The Nepotism Policy for the City and County of Broomfield restricts the hiring of relatives under certain circumstances. Relatives includes those individuals related to an employee in the following manner: spouse; mother; father; stepmother; stepfather; foster mother; foster father; mother-in-law; father-in-law; grandmother; grandfather; brother; sister; brother-in-law; sister-in-law; children, to include stepchildren and foster children; aunt; uncle; niece; nephew ; first cousin; or any relative living in the same household. If you are selected to process further for this position, you will be asked to identify any relatives currently employed by the City and County of Broomfield.			
REFERENCES --List those individuals below who know your qualifications and fitness for the job (not relatives or supervisors).			
Full Name		Telephone Number ()	
Full Name		Telephone Number ()	
I certify that the information in this application, supplement and all attachments is true and complete. I understand and agree that false statements, misrepresentations or omissions of information in this application, supplement, attachments, or other City and County of Broomfield applications or forms, may result in rejection of this application, removal from an eligibility list, or other disciplinary action. The City and County of Broomfield is expressly authorized to investigate all statements contained in this application, supplement or attachments. I consent to the release of information about my ability and fitness for employment by current and previous employers, schools, law enforcement agencies, and other individuals and organizations to investigators, recruiters, and other authorized employees of the City and County of Broomfield. Further, I understand and agree that employment by the City and County of Broomfield is conditioned upon the successful completion of an investigation into my background. I hereby authorize the City & County of Broomfield to conduct such background investigation, including a consumer report which may include, but are not limited to, a consumer report, social a criminal background check; and a sex offender registry check and driving records check, if applicable. I understand and agree that this background investigation also may include written evaluations, oral boards, Computer Voice Stress Analyzer (CVSA) or polygraph, psychological examination, medical examination, drug screen, agility or skill evaluation and other appropriate investigations. I understand and agree I may be disqualified from further consideration should I fail any of the testing or background processes. In the event that the City and County of Broomfield employs me, I agree to comply with all laws, ordinances, rules and regulations. Further, I understand and agree that my employment by the City and County of Broomfield does not grant me any right of continued employment, and the Personnel Merit System does not establish or create a contract of employment, either express or implied, between the City and County of Broomfield and me.			
Signature:			Date:

Applicants are considered without regard to race, color, religion, gender, disability, national origin, age, veteran status, or any other legally protected status



BROOMFIELD JUNIOR PARK RANGER SUPPLEMENT TO APPLICATION

Please Print:

#2010-0025

NAME: _____
Last
First
Middle

PHONE: _____ DATE OF BIRTH: _____ AGE: _____

As noted on the General Information sheet, eight crews (with four youth on each crew) will be hired. Please complete the box below for **each** crew in which you are interested. ***If you are interested in applying for all of the eight crews, complete all eight boxes.*** These boxes will be separated from this sheet and placed in the random drawing box for each crew so please make sure your name is legible.

This form must be completed no later than **5 p.m. on Thursday, April 15, 2010**. Residency will be verified and selection of Junior Park Rangers will be through a **random drawing**. If an email address is provided, applicants will be notified as to their status no later than Friday, May 7th. The selected Junior Park Rangers must then, as a condition of employment, pass a drug screen prior to hire.

TEE-SHIRT SIZE (Circle One): Small Medium Large Extra-Large

I am interested in applying for Crew #1.
 Dates: 6/1 – 7/2 Time: 8 a.m. - 11 a.m.
 Location: Girl Scout Shelter (Midway Park)

 Name: _____

I am interested in applying for Crew #2.
 Dates: 6/1 – 7/2 Time: 8 a.m. - 11 a.m.
 Location: Trails Park Shelter

 Name: _____

I am interested in applying for Crew #3.
 Dates: 6/1 – 7/2 Time: 12:00 p.m. - 3 p.m.
 Location: Northmoor Park Shelter

 Name: _____

I am interested in applying for Crew #4.
 Dates: 6/1 – 7/2 Time: 12:00 p.m. - 3 p.m.
 Location: Lac Amora Park Shelter

 Name: _____

I am interested in applying for Crew #5.
 Dates: 7/6 – 8/6 Time: 8 a.m. - 11 a.m.
 Location: Zang Spur Park

 Name: _____

I am interested in applying for Crew #6.
 Dates: 7/6 – 8/6 Time: 8 a.m. - 11 a.m.
 Location: Community Center Entrance

 Name: _____

I am interested in applying for Crew #7.
 Dates: 7/6 – 8/6 Time: 12:00 p.m. - 3 p.m.
 Location: Westlake Middle School

 Name: _____

I am interested in applying for Crew #8.
 Dates: 7/6 – 8/6 Time: 12:00 p.m. - 3 p.m.
 Location: Outlook Park Shelter

 Name: _____



CITY & COUNTY OF BROOMFIELD

The following information is being collected for our Equal Opportunity Employment program. This information will allow us to analyze who applies for jobs with the City & County and how they found out about the opening. This information will be separated from your application form and will not in any way be used in consideration of your application form. All information provided will be kept confidential. Refusal to provide this information will not subject you to any adverse treatment.

Position(s) Applied For:	Date:
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Name of Applicant (Please Print):

I HAVE LEARNED OF THIS OPENING THROUGH (Check any that apply):

Newspaper Ad in:	Broomfield Enterprise	Sentinel	Denver Post
	Rocky Mountain News	Daily Camera	Other
City and County of Broomfield's Website			
Other Website	Name of website:		
Notice in a professional magazine or journal:	Name of magazine/journal:		
College, university, or trade school:	Name of School:		
Placement Service:	Name of Service:		
Personal contact with:	Name/Title of Individual:		
Ad on a City and County of Broomfield bulletin board			
Workforce Center			
City and County of Broomfield Job Line (303) 438-6475			
Other:			

<input type="checkbox"/> I do not wish to provide the information below. (NOTE: Refusal to provide this information will NOT affect the status of your application form.)

GENDER:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
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ETHNIC GROUP (Please check the all that apply):

<input type="checkbox"/>	WHITE - (Not of Hispanic origin) includes all persons having origins in any of the original people of Europe, North Africa, or Middle East.
<input type="checkbox"/>	BLACK - (Not of Hispanic origin) includes all persons having origins in any of the Black racial groups of Africa.
<input type="checkbox"/>	HISPANIC - includes all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Does not include persons of Portuguese culture or origin.
<input type="checkbox"/>	ASIAN OR PACIFIC ISLANDER - includes all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
<input type="checkbox"/>	AMERICAN INDIAN OR ALASKAN NATIVE - includes all persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

AGE:	<input type="checkbox"/> 14-17	<input type="checkbox"/> 18-20	<input type="checkbox"/> 21-29	<input type="checkbox"/> 30-39	<input type="checkbox"/> 40-49	<input type="checkbox"/> 50-59	<input type="checkbox"/> 60+
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VETERAN'S PREFERENCE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PREFERENCE:	<input type="checkbox"/> NO PREFERENCE	<input type="checkbox"/> 5-POINTS	<input type="checkbox"/> 10-POINTS
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A copy of Form DD-214 to indicate eligibility for 5-Point Preference or a copy of a letter from the Veterans Administration to indicate eligibility for 10-Point Preference will be required if you are selected for an interview. No preference will be given without the proper documentation.

THIS INFORMATION WILL BE SEPARATED FROM YOUR APPLICATION FORM.
THANK YOU FOR YOUR COOPERATION.

BROOMFIELD HUMAN RESOURCES DEPARTMENT