



Miller Ranch & Vail Child Care

Application For Employment

P.O. Box 1700 Vail, CO 81658 (970) 926-2501 FAX (970) 926-2028

THE Eagle Valley Child Care Association (EVCCA) is an equal opportunity employer. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified candidates will be given equal opportunity and that selection decisions be based on job-related information.

PLEASE PRINT LEGIBLY IN INK AND COMPLETE APPLICATION IN ITS ENTIRETY. No action will be taken on this application until all questions have been answered. Please note that none of the following questions are intended to imply illegal preferences or discrimination based upon non-job-related information. **DO NOT WRITE "SEE RESUME"**. If space provided is inadequate, complete the application supplement.

Date _____ Position(s) Applied for (1) _____ (2) _____

Name _____ Social Security No. _____
Last First MI

Mailing Address _____
P.O. Box No. or Street City State Zip

Home Phone _____ Message Phone _____ E-mail _____

Please list any other names you have used: _____

How did you hear about openings at Miller Ranch? EVCCA Employee (name) _____

Internet site _____ Advertisement _____ other _____

If hired, can you furnish proof you are eligible to work in the United States? Yes No

If required, are you available to work: Overtime _____ Weekends _____ Nights _____

Do you have any relatives employed by the EVCCA? Yes No If yes, name(s): _____

Are you 18 years of age or older? Yes No (If hired you may be required to submit proof of age.)

Have you ever been convicted of any law violation other than minor traffic offenses? Yes No If **yes**, please give details including dates, conviction, and location of court: (Include any guilty plea/no contest and alcohol or drug related offense. A "Yes" does not automatically disqualify you from employment.)

Give three references, not relatives or former employers. Include Name/Address/Phone #s.

1. _____ / _____ / _____
2. _____ / _____ / _____
3. _____ / _____ / _____

Please list all specific skills or additional training you have that are related to the job for which you are applying:

EDUCATION	Name and location (location must include city and state)	# of Yrs attended	Degree Type and Field of Study
High School/GED			
College/University			<input type="checkbox"/> BS/BA <input type="checkbox"/> AA <input type="checkbox"/> Not completed
Technical/Other			

Have you ever been fired from a job or asked to resign? Yes No If yes, please explain: _____

EMPLOYMENT EXPERIENCE List names of all employers in consecutive order with present/most recent employer first. Account for all periods of time including military service and any periods of unemployment for the last **10 years**. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

Name & Address of Employer		Job Title
Supervisor		Duties
Telephone		
Dates of Employment (mo/yr) Start End	Pay: Start \$ Final \$	Reason for Leaving/Seeking other employment
Name & Address of Employer		Job Title
Supervisor		Duties
Telephone		
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Name & Address of Employer		Job Title
Supervisor		Duties
Telephone		
Dates of Employment (mo/yr) Start End	Pay: Start \$ Final \$	Reason for Leaving/Seeking other employment

If you need room for additional employers to account for the last 10 years, please continue history on the application supplement.

DRIVERS LICENSE #: _____ **State:** _____ **Exp. Date:** _____ **Type:** _____

- Has your driver's license ever been revoked, suspended, or denied? Yes No If yes, provide details.
 - Have you had any moving violation convictions in the last two years? Yes No If yes, provide details.
- Driving information will be evaluated to confirm eligibility to drive a vehicle. Please include date, location, and offense.

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 result in my dismissal if discovered at a later date.

I authorize the investigation of criminal history and any or all statements contained in this application and also authorize, whether listed or not, any person, school, current employer, past employers and organizations 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 passing a complete pre-employment physical examination. 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 hereby consent to a pre or post employment drug and/or alcohol screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE TOWN MANAGER HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE TOWN MANAGER AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

(Applications without signature will be automatically rejected.)

APPLICATION SUPPLEMENT

Date of Application: _____

ApplicantName: _____

Position(s) applied for: _____

EMPLOYMENT EXPERIENCE CONTINUED If you need to list more employers to account for the last 10 years, you may use this page and submit it with your completed application. Remember to account for all periods of time including unemployed periods and self-employment.

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Supervisor		Duties
Telephone	Pay: Start \$ Final \$	Reason for Leaving/Seeking other employment
Dates of Employment (mo/yr) Start End	Supervisor	Job Title
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Supervisor		Reason for Leaving/Seeking other employment
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ADDITIONAL INFORMATION NECESSARY FOR APPLICATION

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I authorize the investigation of criminal history and any or all statements contained in this application and also authorize, whether listed or not, any person, school, current employer, past employers and organizations 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 have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____