



CITY OF AURORA: JOB APPLICATION TEMPORARY EMPLOYMENT ONLY

***Note: For all benefit eligible positions, please apply online. Visit www.governmentjobs.com/careers/aurora**

- ◆ Before beginning, please review the entire application form.
- ◆ If you wish to be considered for more than one vacancy, you must submit a separate application for each opening. Each application must have an original signature.
- ◆ Applications are only accepted for current job openings.
- ◆ Applications must be received by the final filing date posted for each position.
- ◆ You must complete the entire application. Resumes and transcripts may be submitted with the application as additional information. **PLEASE TYPE OR PRINT CLEARLY USING DARK INK.**
- ◆ Please be sure to read all inserts provided. They may contain valuable information regarding the application and hiring process.
- ◆ Please contact a member of the Human Resources staff if you have any further questions regarding the application process.

If you need assistance or reasonable accommodation for completing this form, please feel free to contact our office at: 303-739-7225 or visit us at 15151 E. Alameda Pkwy., Suite 3500, Aurora, CO 80012.



Today's Date: _____ Exam/Job #: _____

Job Title: _____

CONTACT INFORMATION:

Your Complete Legal Name as it appears on your Social Security Card (please print clearly):

_____	_____	_____	_____
Last Name	First Name	M.I.	Former Name(s)
_____			_____
Street Address			Primary Telephone Number
_____			_____
City, State, Zip Code			Secondary Telephone Number
_____		_____	
Notification Preference (phone or email)		Email Address	

PERSONAL INFORMATION:

Driver's License: _____
Class _____ State _____ Number _____

Is your driver's License Commercial? No Yes Type: _____

Can you, after employment, submit proof of your legal right to work in the USA? No Yes

What is your highest level of education? _____

PREFERENCES:

Preferred Salary: Amount \$ _____ Frequency _____ Hourly/Weekly/Monthly/Annually?

Are you willing to relocate? No Yes

Types of work you will accept: _____
Full Time/Part Time

Types of shifts you will accept: _____
Day, Evening , Night, Rotating, Weekends, On Call (as needed)

Career Objective: _____

EDUCATION:

Selected applicants are required to provide a copy of their transcripts or diploma of the highest level of education listed on their application materials prior to the date of hire.

	School Name/Dates	Credit Hours	Degree Earned	Degree	Major/Minor
High School Diploma/GED			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Undergraduate Studies			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate Studies			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No		

LICENSES, CERTIFICATIONS, REGISTRATIONS:

Professional Licenses/Certificates

Issued By:

Level

_____	_____	_____
_____	_____	_____
_____	_____	_____

TECHNICAL SKILLS:

Office Skills:

Keyboarding/Typing (wpm): _____ Data Entry (ksph): _____

Software Skills (Please list software used):

Word Processing	_____	_____	_____	_____
Data Entry	_____	_____	_____	_____
Spreadsheet	_____	_____	_____	_____
Other	_____	_____	_____	_____

Language Skills:

_____	_____	_____	_____
Language	Proficiency	Language	Proficiency

WORK HISTORY:

Show all employment, including military service. Show present job first and then previous jobs. Attach additional pages as needed to show up to 10 years of work history. Leaving blanks or omitting previous employment may result in your disqualification from employment.

Company Name: _____ Phone #: _____
Type of Business: _____ Supervisor's Name: _____
Address: _____ Supervisor's Title: _____
Your Job Title: _____ Employment Dates: _____
Number of Staff You Supervise: _____ Wage/Salary: _____ Hours Worked per Week: _____
May We Contact Your Current Employer? Yes No _____
Reason for Leaving: _____
Job Duties: _____

Company Name: _____ Phone #: _____
Type of Business: _____ Supervisor's Name: _____
Address: _____ Supervisor's Title: _____
Your Job Title: _____ Employment Dates: _____
Number of Staff You Supervised: _____ Wage/Salary: _____ Hours Worked per Week: _____
Reason for Leaving: _____
Job Duties: _____

Company Name: _____ Phone #: _____
Type of Business: _____ Supervisor's Name: _____
Address: _____ Supervisor's Title: _____
Your Job Title: _____ Employment Dates: _____
Number of Staff You Supervised: _____ Wage/Salary: _____ Hours Worked per Week: _____
Reason for Leaving: _____
Job Duties: _____

Company Name: _____ Phone #: _____
 Type of Business: _____ Supervisor's Name: _____
 Address: _____ Supervisor's Title: _____
 Your Job Title: _____ Employment Dates: _____
 Number of Staff You Supervised: _____ Wage/Salary: _____ Hours Worked per Week: _____
 Reason for Leaving: _____
 Job Duties: _____

REFERENCES:

Name	Type: Professional/Personal	Years Known	Phone #	Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

AGENCY WIDE QUESTIONS:

- Are you currently employed by the City of Aurora municipality? No Yes
- Have you ever previously worked for the City of Aurora? No Yes
- Where did you learn about this vacancy?

<input type="checkbox"/> Denver Post	<input type="checkbox"/> Rocky Mt. News	<input type="checkbox"/> Korean Denver News	<input type="checkbox"/> Aurora Sentinel	<input type="checkbox"/> KACT-TV
<input type="checkbox"/> Other (Be Specific): _____		<input type="checkbox"/> Job Announcement (Location): _____		
<input type="checkbox"/> Other Web Site (Name): _____		<input type="checkbox"/> City of Aurora Employee (Name): _____		
<input type="checkbox"/> Job Fair (Location): _____		<input type="checkbox"/> City of Aurora Web Site	<input type="checkbox"/> City of Aurora Job Line	
- Are you able to perform the essential function(s) of this position as described in the detailed job description with or without reasonable accommodation? No Yes
- Do you have any relatives currently employed by the City of Aurora? If yes, please list below: No Yes

Name _____
 Relationship/Department _____

Name _____
 Relationship/Department _____

APPLICANT'S STATEMENT:

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the City of Aurora shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to provide any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. Finally, I understand that all City of Aurora property must be returned and indebtedness to the City must be paid before my termination. I authorize the City to deduct from my final paycheck(s) all monies due and owing to the City.

Date: _____ Signature: _____

FLSA STATEMENT OF UNDERSTANDING

In accordance with the requirements of the Fair Labor Standards Act and the Personnel Policies of the City of Aurora, the employee and the Department Director or designee understand the following:

A copy of this statement shall be maintained in each employee's file in the Human Resources Department and on file with each Department's Payroll Division.

Employee Name: _____

Department: _____

Job Title: _____

1. FLSA Status: **EXEMPT** **NON-EXEMPT**

*Complete 2-6 for NON-EXEMPT employees ONLY

2. Overtime Payment: Wages Compensatory Time Combination

3. Overtime Method: Daily Shift Work Week

4. Timeframe for use of Compensatory Time (optional) _____

5. Normal Work Shift: _____

6. Work Week: (Saturday through Friday, midnight, unless otherwise specified):

This constitutes an agreement between the employee and the City of Aurora. Individual exceptions to the above may be granted if requested in writing by the employee and approved by the supervisor. A new document should be submitted for permanent changes in the agreement.

Department Director or designee Date

Employee Date