



<p>MPO Use Only:</p> <p>Appl Rcvd: _____</p>

APPLICATION FOR EMPLOYMENT

The North Front Range MPO is an Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, sexual orientation, marital status, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

Instructions: All questions should be fully and accurately answered.
Send application and resume **by email only** to: bbills@nfrmpo.org

Position Applying For: _____

Name: _____
Last First M.I.

Mailing Address: _____
Street City State Zip

Telephone: _____
Home Cell Phone # to Leave a Message

Email Address: _____

Are you available for: Full Time Part Time Hourly Employment Other _____

If hired, will you be able to prove your employment eligibility to work in the U.S.? Yes No

Are you age 18 or older? Yes No If no, list date of birth: _____

Do you possess a valid driver's license? Yes No If yes, list class: _____

License Number: _____ State: _____ Expiration Date: _____

Education: Did you graduate? Yes No

High School: _____

College or University: _____ Did you graduate? Yes No

College Major: _____

Degree: _____

College or University: _____ Did you graduate? Yes No

College Major: _____

Degree: _____

Additional education and/or vocational, technical, or military training information relevant to the position for which you are applying: _____

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List all pertinent skills, software, and equipment that you can operate: _____

Additional information that might qualify you for the position: _____

How did you learn about this job posting? _____

EMPLOYMENT HISTORY

Your work experience is an important factor in evaluating your qualifications. Please make certain that you provide complete and accurate information on previous job duties and levels of responsibility. List names of employers in consecutive order with present or most recent employer listed FIRST. Account for all periods of time including military service, related volunteer experience, as well as any period of unemployment. A resume may be attached if desired.

Name of Employer: _____

Type of Business: _____ Telephone No: _____

Employer's Address: _____
Street City State Zip

Name of Last Supervisor: _____ May we contact this employer: Yes No

Employed From: Month _____/Year _____ through Month _____/Year _____

Job Title: _____ Duties: _____

Reason(s) for leaving or seeking other employment: _____

Name of Employer: _____

Type of Business: _____ Telephone No: _____

Employer's Address: _____
Street City State Zip

Name of Last Supervisor: _____ May we contact this employer: Yes No

Employed From: Month _____/Year _____ through Month _____/Year _____

Job Title: _____ Duties: _____

Reason(s) for leaving or seeking other employment: _____

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EMPLOYMENT HISTORY (Continued)

Name of Employer: _____

Type of Business: _____ Telephone No: _____

Employer's Address: _____
Street City State Zip

Name of Last Supervisor: _____ May we contact this employer: Yes No

Employed From: Month _____/Year _____ through Month _____/Year _____

Job Title: _____ Duties: _____

Reason(s) for leaving or seeking other employment: _____

Name of Employer: _____

Type of Business: _____ Telephone No: _____

Employer's Address: _____
Street City State Zip

Name of Last Supervisor: _____ May we contact this employer: Yes No

Employed From: Month _____/Year _____ through Month _____/Year _____

Job Title: _____ Duties: _____

Reason(s) for leaving or seeking other employment: _____

Name of Employer: _____

Type of Business: _____ Telephone No: _____

Employer's Address: _____
Street City State Zip

Name of Last Supervisor: _____ May we contact this employer: Yes No

Employed From: Month _____/Year _____ through Month _____/Year _____

Job Title: _____ Duties: _____

Reason(s) for leaving or seeking other employment: _____

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The North Front Range Metropolitan Planning Organization (NFRMPO) is an Equal Opportunity Employer. Applicants are considered for positions for which they have applied without regard to race, religion, sex, age, national origin, disability and/or other characteristics protected by law.

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 any or all statements contained in this application. I 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 I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. 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 UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE EXECUTIVE DIRECTOR OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE EXECUTIVE DIRECTOR 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: _____



**PRE-EMPLOYMENT MOTOR VEHICLE RECORD REPORT
CONSENT AND RELEASE**

When an employee’s duties will require operation of an agency owned vehicle or operation of their own vehicle for MPO business, a Motor Vehicular Record (MVR) will be obtained to assess risk exposure.

Employees must have a valid driver’s license for the type of vehicle operated. A photocopy of the driver’s license will be kept in MPO personnel files. The MPO’s policy states that any employee driving on agency business should have a clear or acceptable MVR. The MPO will obtain a MVR to evaluate an employee’s eligibility. A clear or acceptable MVR includes:

Clear MVR:

No activity in the last 3 years and no major, minor or technical violations in the last 5 years.

Acceptable MVR:

- No major convictions in the last 5 years and no more than 1 accident in the last 3 years.
- Two minor convictions or technical violations in the last 3 years.
- One accident and one minor conviction or technical violation in the last 3 years.

I authorize The North Front Range Metropolitan Planning Organization (NFRMPO) to obtain a copy of my motor vehicle record to evaluate my insurability or for other permissible uses related to my employment.

By signing this disclosure, I hereby authorize The North Front Range Metropolitan Planning Organization (NFRMPO) to procure these records on a periodic basis or as deemed necessary to evaluate my continuing insurability.

I understand that my employment with The North Front Range Metropolitan Planning Organization (NFRMPO) is contingent upon a Motor Vehicle Record Report that falls within the clear or acceptable category. Anything that falls outside of that category is terms for the North Front Range Metropolitan Planning Organization (NFRMPO) to rescind any job offer.

Information provided as on current valid Driver’s License (please print clearly):

Applicant or Employee Name: _____

Driver’s License #: _____

Expiration Date: _____

State of Issuance: _____

Signature

Date