

**Ridgway Valley Enterprises, Inc.**  
**PMB 335**  
**236 S. Third Street**  
**Montrose, CO 81401**  
**(970) 249-9453**

## EMPLOYMENT APPLICATION

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application:
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How did you learn about us?					
Advertisement _____	Friend _____	Inquiry _____			
Employment Agency _____	Relative _____	Other _____			

Best time to contact you at home is:		_____	am/pm
If you are 18 years of age, can you provide required proof of your eligibility to work?	___	Yes	___ No
Have you ever filed an application with us before?	___	Yes	___ No
If yes, give date _____			
Have you ever been employed with us before?	___	Yes	___ No
If yes, give date _____			
Do any of your friends or relatives, other than spouse, work here?	___	Yes	___ No
If yes, state name and relationship and location _____			
Are you currently employed?	___	Yes	___ No
May we contact your present employer?	___	Yes	___ No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	___	Yes	___ No
<i>(Proof of citizenship or immigration status will be required upon employment)</i>			
Date available for work _____	What is your desired salary range?	_____	
Are you available to work:	Full Time _____	Part Time _____	Temporary _____
Are you currently on "Lay-off" Status and subject to recall?	___	Yes	___ No
Can you travel if the job requires it?	___	Yes	___ No

## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status

Employer	DATES EMPLOYED		WORK PERFORMED
Address	From	To	
Telephone #			
Starting/Present Job Title	HOURLY RATE/SALARY		
Supervisor	Starting	Final	
Reason for Leaving			May we contact?
Employer	DATES EMPLOYED		WORK PERFORMED
Address	From	To	
Telephone #			
Starting/Present Job Title	HOURLY RATE/SALARY		
Supervisor	Starting	Final	
Reason for Leaving			May we contact?
Employer	DATES EMPLOYED		WORK PERFORMED
Address	From	To	
Telephone #			
Starting/Present Job Title	HOURLY RATE/SALARY		
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Employer	DATES EMPLOYED		WORK PERFORMED
Address	From	To	
Telephone #			
Starting/Present Job Title	HOURLY RATE/SALARY		
Supervisor	Starting	Final	
Reason for Leaving			May we contact?

COMMENTS: Include explanation of any gaps in employment.


List and special training, apprenticeship, skills and extra-curricular activities


Describe any job-related training received in the United States Military.


List professional, trade, business or civic activities and offices held.

*You may exclude membership which may reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*


**ADDITIONAL INFORMATION**

**Other Qualifications** Summarize special job-related skills and qualifications acquired from employment or other experience.


Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Employee Personal Information

Name: \_\_\_\_\_  
                    **First**  **Middle**  **Last**

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_