



<p><b>MPO Use Only:</b></p> <p>Appl Rcvd: _____</p>
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**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: [rsteffen@nfrmpo.org](mailto:rsteffen@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: \_\_\_\_\_

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## EMPLOYMENT HISTORY (Continued)

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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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Employer's Address: \_\_\_\_\_  
Street City State Zip

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Employed From: Month\_\_\_\_\_/Year\_\_\_\_\_ through Month\_\_\_\_\_/Year\_\_\_\_\_

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## **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