



Application

for
*Employees, Contract Workers,
Interns, and Volunteers*



We are an Equal Opportunity Employer, dedicated to a policy of non-discrimination in employment on any non-work related basis including race, color, age, sex, religion, national origin, disability or any other status protected by law or regulation. If you should need accommodation to complete this form, contact the agency's Human Resources office.

APPLICANT'S STATEMENT

I understand that this application, verbal statements by the employer, or subsequent employment does not create an express or implied contract of employment nor guarantee employment (or other types of work) for any definite period of time. If employed (or working in any other capacity), I understand I have been hired/contracted/assigned work at the will of the employer and my employment/contract/assignment may be terminated at any time, with or without reason, and with or without notice.

I understand that the employer may investigate my background, such as my driving record, criminal record, and employment history, and that an investigative consumer report may be prepared whereby information is obtained through personal interviews. I authorize, whether listed or not, any person, school, current employer, past employer, or other entity, to provide relevant information and opinions that may be useful in making a hiring or other work-related decision. I release such persons and organizations from any legal liability in making such statements. If hired, I authorize the employer to provide truthful information to inquiring entities, including any future prospective employers, and I agree to hold it harmless for providing such information.

I understand that the employer reserves the right to require me to provide an approved drug/alcohol test, immunization record, and/or physical examination as a condition of employment. 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 certify that all of the information I provide on this application and any other forms I am asked to submit, as well as any verbal statements I make, will be true and accurate. I understand the following Colorado Statute: ***Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined as in section 18-8-502, C.R.S., and upon conviction thereof, shall be punished accordingly.*** I further understand that if I am employed/contracted/assigned and any information I've provided is later found to be false or misleading in any respect, I may be discharged/terminated.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Signature

____/____/____
Date

Answer each question fully, accurately, and legibly, attaching additional information as necessary. Other than your signature at the end of the form, PLEASE PRINT.

EMPLOYMENT DESIRED:

Position: _____ Today's Date: ___/___/___ Available To Work: ___/___/___

Referred by: Workforce Newspaper Internet Other _____

Interested in: Full-time Part-time PRN (As Needed) Temporary Salary Desired: \$ _____

Are you available to work any day of the week, any hour of the day? Yes No If no, list days of the week and/or hours of the days you are unavailable: _____

PERSONAL INFORMATION:

Name: _____
First Middle Last

Address: _____
Street City State Zip

Mailing Address (if different): _____

E-Mail: _____ Phone Number(s): _____

Are you 18 years of age or older? Yes No Do you have a valid driver's license? Yes No

Have you ever applied and/or worked here before? Yes No If yes, what position(s) and when? _____

Have you ever been employed or attended school under a different name? Yes No If yes, what name(s) and when? _____

Will you relocate if required? Yes No NA Will you travel if required? Yes No

List all counties you have lived or worked in during the last seven years:

County State County State County State

County State County State County State

Disclosure of a criminal record or pending charges will not necessarily disqualify you for employment consideration. Each offense will be evaluated on its own with respect to time, circumstances, seriousness, and relationship to the job(s) for which you are applying. However, falsification of your answers may result in no job offer or dismissal if you are hired.

- 1) Have you ever been convicted of an offense, or received a deferred judgment or sentence? Are you pending charges? Yes No
- 2) Have you ever been sentenced to a period of incarceration (jail or prison)? Yes No
- 3) Have you ever had a professional health care license (i.e. medical, nursing, therapeutic, pharmacy) suspended, revoked, or any other discipline imposed? Yes No
- 4) Is your name on the central registry of child protection? Yes No
- 5) Has your driver's license been suspended or revoked in the last three years? Yes No
- 6) Are you currently subject to a restraining order? Yes No
- 7) Have you ever petitioned a court to have a record expunged? Yes No

If you answered yes to any of the five questions above, give date and details of each situation (add sheet if necessary):

EDUCATION:

	Name and Location of School	Number of Years	Did you Graduate?	Subjects Studied Degree (ie BS, MA) / License Received
High School/GED			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	Accredited: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post-graduate	Accredited: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, or Correspondence School and/or Licensure	License #: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	

FORMER EMPLOYERS:

List last five employers (including military service), starting with last one first. If self-employed, supply name of company and business references. A job offer may be contingent upon acceptable references from current and former employers.

Date (Month and Year)	Employer's Name of Business, Address, and Phone Number(s)	Salary	Position/ Last Supervisor	Reason for Leaving
From ___/___/___ To ___/___/___		Start: _____ Final: _____		<input type="checkbox"/> Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff Other _____
From ___/___/___ To ___/___/___		Start: _____ Final: _____		<input type="checkbox"/> Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff Other _____
From ___/___/___ To ___/___/___		Start: _____ Final: _____		<input type="checkbox"/> Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff Other _____
From ___/___/___ To ___/___/___		Start: _____ Final: _____		<input type="checkbox"/> Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff Other _____
From ___/___/___ To ___/___/___		Start: _____ Final: _____		<input type="checkbox"/> Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff Other _____

During your entire employment history, have you ever been discharged or resigned in lieu of discharge? Yes No If yes, please explain:

During your entire employment history, have you ever experienced a gap of 90 days or more (including periods of unemployment)?

Yes No If yes, please explain: _____

SKILLS/COMMENTS:

Please list any skills you possess (including foreign languages, equipment proficiency, and software application) as well as any other comments you'd like to make: _____

I understand this application is active for 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to submit a new application.

Signature _____ Date: ___/___/___