

EMPLOYMENT APPLICATION

PROWERS COUNTY

301 South Main Street, Ste 215 Lamar, CO 81052

719-336-8025

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

(PLEASE TYPE OR PRINT)

Position(s) Applied For:						Date of Application:	
Last Name		First Name			Middle Name		
Address: Number	Street	PO Box	City	State	Zip Code		
Telephone Number(s):					Social Security Number:		

If you are under 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

Have you ever been employed with us before? ___Yes ___No

If Yes, give date of employment _____

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

On what date would you be available for work? _____

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 a job requires it? ___Yes ___No

Have you been convicted of a felony in the last 7 years? ___Yes ___No

If Yes, please explain _____

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EDUCATION

	School Name & Address	Course of Study	Years Completed	Diploma Degree
Elementary School				
Junior/High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the US military.

Indicate any foreign languages you can speak, read and/or write.				
		Fluent	Good	Fair
Speak				
Read				
Write				

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments & 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 Number(s)	Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From:	To:	
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final
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Employer	Dates Employed		Work Performed
Address	From:	To:	
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final
Reason for Leaving			

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment and other experience including specialized skills:

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

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

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities in such a job or occupation is attached. _____YES _____NO

REFERENCES

Name:	Phone #:
Address:	
Name:	Phone #:
Address:	
Name:	Phone #:
Address:	
Name:	Phone #:
Address:	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will" nature*, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this *"at will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

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