



**HCCC**  
HOTLINE COUNTY CONNECTION CENTER

# Employment Application

Submitted on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Prowers County  
1001 South Main St Lamar, CO 81052  
303-866-3004

**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)

<b>Full Name:</b>			
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
			<i>Date of Birth</i>

<b>Address:</b>	
<i>Street Address</i>	<i>Apartment/Unit #</i>
<i>City</i>	<i>State</i>
	<i>ZIP Code</i>

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you been arrested or charged with a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain: _____ _____
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Have you been involved with a child abuse or neglect claim?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain: _____ _____
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Are you over the age 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you available to work?	Full time ____	Part time ____
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What date would you be available to start?		Are you able to work days, nights, and weekends?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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## Education

<b>High School:</b>		Address:	
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From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma:	
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<b>College:</b>		Address:	
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From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
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# Previous Employment

<b>Company:</b>				Phone:			
Address:				Supervisor:			
Job Title:				Starting Salary: \$		Ending Salary: \$	
Responsibilities:							
From:		To:		May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving:							
<b>Company:</b>				Phone:			
Address:				Supervisor:			
Job Title:				Starting Salary: \$		Ending Salary: \$	
Responsibilities:							
From:		To:		May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving:							
<b>Company:</b>				Phone:			
Address:				Supervisor:			
Job Title:				Starting Salary: \$		Ending Salary: \$	
Responsibilities:							
From:		To:		May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving:							
<b>Company:</b>				Phone:			
Address:				Supervisor:			
Job Title:				Starting Salary: \$		Ending Salary: \$	
Responsibilities:							
From:		To:		May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving:							

## Additional Information

**Indicate any foreign languages you can speak, read and/or write**

		Fluent	Good	Fair
Speak				
Read				
Write				

**Describe your writing skills?**

**Describe your communication skills?**

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

**Typing Skills:**

WPM

**Computer Literacy?**

(Google docs, Microsoft Office, etc..)

YES

NO

Explain:

**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

Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER