

**APPLICATION FOR EMPLOYMENT
PROWERS COUNTY DEPARTMENT OF HUMAN SERVICES**

1001 SOUTH MAIN, P.O. BOX 1157
Lamar, Colorado 81052
Phone: (719) 336-7486 EXT. 131

IMPORTANT INFORMATION AND INSTRUCTIONS: Read the announcement(s) and review the minimum qualifications before you apply. A separate application must be submitted for each job title (copies accepted with original signatures). Be sure to include any supporting documents required in the announcement. This application form and all attached documents are official records of the Prowers County Department of Human Services and cannot be returned or reused (**keep a copy for your records**). It is your responsibility to assure that your application is received by the closing date. **PLEASE TYPE OR PRINT IN DARK INK ONLY.**

SOCIAL SECURITY NUMBER --- ---

NAME

LAST	FIRST	MIDDLE
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MAILING ADDRESS

STREET/PO BOX			
CITY	STATE	ZIP CODE	COUNTY
E-MAIL ADDRESS			

TELEPHONE NOS. HOME (_____) _____ -- _____
Area Code Area Code Ext.

JOB TITLE (EXACTLY AS STATED ON THE ANNOUNCEMENT)

From what source did you learn about this position?

Indicate languages in addition to English you speak **fluently**.

Have you ever been convicted of a felony? _____

If yes, please explain _____

CERTIFICATION - READ CAREFULLY BEFORE SIGNING. I certify that all statements are true, complete and correct. I agree and understand that any false or incomplete information may be cause for rejection of my application, termination of employment, and/or removal from the eligible list, or disqualification if temporary. I am aware that this application is considered open record as per Colorado Law.

SIGNATURE _____
DATE

PERSONNEL USE ONLY (DO NOT WRITE IN THIS SPACE)					
DATE RECEIVED		DATE	INIT		
	APP ENTERED			SCORER	
	MQ REVIEW			CONV SCR	_____
	ACCEPT			VET PTS	_____
	REJECT ED EXP SUB PROMO			FINAL SCR	_____
	LATE-POSTMARKED _____				

NAME _____ SSN _____ JOB TITLE _____

Please keep a copy of this application. If you are called for an interview you may be required to bring a copy or submit this information prior to an interview.

EDUCATION - Fill out completely. All college work claimed for meeting requirements **must be** supported by transcripts of courses and credit hours.

High School/GED If you have received a high school diploma or GED, check the box which applies to you.

High School Diploma GED (High School Equivalency Degree)

UNIVERSITY AND COLLEGE (Undergraduate, Graduate, Post Graduate), BUSINESS, CORRESPONDENCE, TRADE, TECHNICAL, OR VOCATIONAL AND MILITARY

Name and Location	From	To	Total Hours	Field of Study	Date of Graduation Degree or Certificate Award		
					Mo.	Yr.	Type of Degree or Certificate
Name				Major			
Location				Minor			
Name				Major			
Location				Minor			
Name				Major			
Location				Minor			

Driver's License Number _____ Class(es) _____ State _____

A driver's license may be required for some positions.

EMPLOYMENT RECORD - This portion must be accurate and complete. Applications lacking sufficient information will be rejected. List your work history starting with the most recent job, including part-time, temporary, and any volunteer work relevant to the requirement. Under "Duties" describe clearly the tasks you performed or other responsibilities as they relate to the job for which you are applying. If you need more space attach a separate sheet of paper using the same format.

AUTHORIZATION TO ALLOW RELEASE OF INFORMATION

I, _____, DO HEREBY GIVE PERMISSION TO PROWERS COUNTY DEPARTMENT OF HUMAN SERVICES TO OBTAIN INFORMATION FROM THE FOLLOWING REFERENCES AND PAST EMPLOYERS:

PLEASE LIST YOUR LAST THREE EMPLOYERS, SUPERVISOR'S NAME AND GIVE YOUR REASON FOR LEAVING THIS JOB.

Employer _____ Telephone _____

From ____/____/____
Mo Day Yr

Street Address _____

To ____/____/____
Mo Day Yr

City _____ State _____ Zip Code _____

Your Title _____

Hrs. Per Week _____

Duties _____

Mo. Salary \$ _____

Supervisor's Name _____

Supervisor's Title _____

Reason for Leaving: _____

Employer _____ Telephone _____

From ____/____/____
Mo Day Yr

Street Address _____

To ____/____/____
Mo Day Yr

City _____ State _____ Zip Code _____

Your Title _____

Hrs. Per Week _____

Duties _____

Mo. Salary \$ _____

Supervisor's Name _____

Supervisor's Title _____

Reason for Leaving: _____

Employer _____ Telephone _____

From ____/____/____
Mo Day Yr

Street Address _____

To ____/____/____
Mo Day Yr

City _____ State _____ Zip Code _____

Your Title _____

Hrs. Per Week _____

Duties _____

Mo. Salary \$ _____

Supervisor's Name _____

Supervisor's Title _____

Reason for Leaving: _____

PLEASE LIST THREE WORK-RELATED REFERENCES, I.E. COWORKERS, CLIENTS OR PROFESSIONALS YOU HAVE WORKED WITH:

1. _____
(Name) (Title) (Phone)

Type of Business Relationship _____

2. _____
(Name) (Title) (Phone)

Type of Business Relationship _____

3. _____
(Name) (Title) (Phone)

Type of Business Relationship _____

I UNDERSTAND THAT THIS INFORMATION IS FOR EMPLOYMENT PURPOSES ONLY AND WILL REMAIN CONFIDENTIAL.

Signature of Applicant

Date