

# APPLICATION FOR EMPLOYMENT

## An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, disability, 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.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. When you have completed this form and delivered it to us electronically or by hard copy, it becomes an open record available for public inspection pursuant to CRS §24-72-202(4.5).

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Are you seeking: Full-time      Part-time      Employment?      When could you start work? \_\_\_\_\_

\_\_\_\_\_  
 Last Name                      First Name                      Middle Name                      Telephone Number  
 \_\_\_\_\_  
 Present Street Address                      City                      State                      Zip Code

Are you 18 years of age or older? . . . . . Yes  No   
 (If you are hired, you may be required to submit proof of age.)

If hired, you will be required to furnish proof of your eligibility to work in the U.S.

Have you ever applied here before?      Yes       No       If yes, when? \_\_\_\_\_  
 Were you ever employed here?      Yes      No      If yes, when? \_\_\_\_\_  
 If employed, do you expect to be engaged in any additional business or employment outside of our job? . . . . . Yes  No   
 If **yes**, give details \_\_\_\_\_

**CRIMINAL HISTORY:** Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers may be verified with appropriate police records. A background check is required as a condition of employment.  
Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest).  
Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate, which results in a fine, sentence or probation.  
 You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

Were you ever convicted of a criminal offense?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you currently under charges for a criminal offense?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever forfeited bond or collateral in connection with a criminal offense?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Within the last ten years, have you been fired from any job for any reason?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Within the last ten years, have you quit a job after being notified that you would be fired?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been professionally disciplined in any state? <small>Professional disciplined means the annulment, revocation or suspension of certification or having received a letter of reprimand from an agency, board or commission of state government.</small>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you subject to any visa or immigration status, which would prevent lawful employment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Note: If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet.**

Do you have a valid driver's license? A current MVR will be required as part of the interview process. . . . . Yes  No   
 Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed In \_\_\_\_\_  
 Have you had your driver's license suspended or revoked in the last 3 years? . . . . . Yes  No   
 If yes, give details: \_\_\_\_\_

**EDUCATION:**

	Name of School	Number of Years Completed	Diploma/Degree/Certificate	Subjects Studied
High School or GED:	_____	_____	_____	_____
College or University:	_____	_____	_____	_____
Vocational or Technical:	_____	_____	_____	_____
What skills or additional training do you have that relate to the job for which you are applying? _____				
What machines or equipment can you operate that relate to the job for which you are applying? _____				

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, sexual orientation, age, disability, genetic information or other protected status.) \_\_\_\_\_

**EMPLOYMENT HISTORY**

Starting with your most recent employer, provide the following information. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

NAME OF EMPLOYER		JOB TITLE
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		JOB DUTIES
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING
MAY WE CONTACT FOR REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>	WHAT DID YOU LIKE MOST ABOUT YOUR POSITION?	
WHAT DID YOU LIKE LEAST ABOUT YOUR POSITION?		

NAME OF EMPLOYER		JOB TITLE
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		JOB DUTIES
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING
MAY WE CONTACT FOR REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>	WHAT DID YOU LIKE MOST ABOUT YOUR POSITION?	
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ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		JOB DUTIES
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING
MAY WE CONTACT FOR REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>	WHAT DID YOU LIKE MOST ABOUT YOUR POSITION?	
WHAT DID YOU LIKE LEAST ABOUT YOUR POSITION?		

Have you worked or attended school under any other names:..... Yes  No   
 If yes, give names: \_\_\_\_\_

**REFERENCES:** Give three professional references below.

Name and Title	Relationship and Email	Phone

**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 MANAGER 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 MANAGER AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT, IF HIRED, IT IS AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application for employment will remain active for a limited time. Ask the organization's representative for details.