**Alamosa County, Colorado**

**Application for Employment**

8900-A Independence Way

Alamosa, Colorado 81101

719-589-6639 (telephone)

E-mail: humanresources@alamosacounty.org

“An Equal Opportunity Employer”

**INFORMATION AND INSTRUCTION**

THIS APPLICATION FOR EMPLOYMENT IS INTENDED TO BE USED AS AN EVALUATION OF YOUR QUALIFICATIONS AND NOT AN EMPLOYMENT CONTRACT. ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY. THE COMPLETE APPLICATION IS THE PRIMARY SOURCE OF INFORMATION FOR MAKING SELECTION DECISIONS. A FALSE OR MISLEADING STATEMENT ON THIS FORM OR IN THE INTERVIEW IS GROUNDS FOR TERMINATING THE APPLICATION PROCESS OR IF DISCOVERED AFTER EMPLOYMENT, TERMINATING EMPLOYMENT. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF AGE (40 AND OVER), SEX (PREGNANCY, SEXUAL ORIENTATION, AND GENDER IDENTITY), MARITAL STATUS, RACE, RELIGION, NATIONAL ORIGIN, DISABLITY, GENETIC INFORMATION OR ANY OTHER APPLICABLE STATUS PROTECTED BY FEDERAL OR STATE LAW. YOU MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION AND COMPLETE SUCH EXAMINATIONS AS MAY BE REQUIRED TO DEMONSTRATE THAT YOU ARE CAPABLE OF PERFORMING TASKS WHICH ARE PERTINENT TO THE JOB. IF A JOB IS OFFERED, IT MAY BE CONDITIONAL UPON THE RESULTS OF A DRUG TEST, VERIFICATION OF PREVIOUS EMPLOYMENT AND REFERENCES, ALONG WITH A ROUTINE BACKGROUND CHECK INCLUDING CRIMINAL RECORD. A PHYSICAL EXAM MAY BE REQUIRED FOR SOME POSITIONS.

**INSTRUCTIONS:** THIS APPLICATION (and other supporting documentation) MAY BE E-MAILED (listed above), DELIVERED IN PERSON (address above) OR FAXED TO 719-587-5207.

1. APPLICATION MUST BE COMPLETED. A RESUME MAY BE ATTACHED FOR JOB INFORMATION AND REFERENCES.
2. PRINT CLEARLY OR USE COMPUTER TO FILL OUT APPLICATION, INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.
3. FILING AN APPLICATION DOES NOT ASSURE THAT YOU WILL BE HIRED OR INTERVIEWED.
4. ALL MATERIALS SUBMITTED BECOME THE PROPERTY OF ALAMOSA COUNTY AND WILL NOT BE RETURNED.
5. ALL APPLICATIONS MUST BE SIGNED TO CERTIFY THAT ALL STATEMENTS ARE TRUE AND COMPLETE.

**POSITION DATA**

Exact Position You Are Applying For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date you can start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Employment Preferred: Full Time \_\_\_\_ Part Time\_\_\_\_\_ Temporary\_\_\_\_\_

Are you willing to work overtime if required? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL DATA**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI \_\_\_\_

Current Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code:\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who did you learn about this Position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a citizen of the United States (native born or naturalized)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not a U.S. citizen – are you a Permanent Resident Alien? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have You Ever or Do You Now Work For Alamosa County? **Yes No**

If Yes Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving County position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and relationship of any family members employed by Alamosa County: \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are You Presently Employed? \_\_\_\_\_\_ If Yes May We Inquire Of Your Employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have You Been Convicted Of A Felony in the Last Seven (7) Years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Convictions will not necessarily disqualify you from employment)

Have You Used Any Names Other Than Indicated On This Form? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, Please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION/TRAINING**

Last Grade Completed: 7 8 9 10 11 12 13 14 15 16 17 18

Name & Location of Last High School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduated? \_\_\_\_\_\_\_\_ or G.E.D. Certificate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College or University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Courses of Studies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other School, Certificates, or Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MILITARY**

Date of Service: FROM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Discharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Duties in Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Active National Guard or Reservist: **Yes No**

**JOB RELATED SKILLS**

Languages in which you are fluent, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the job requires, do you have the appropriate valid driver’s license? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any moving violations in the last three (3) years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any skills, licenses or certificates that may be job related or that you feel would be valuable to the position applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attach a Separate Sheet if Needed)

Have you received a job description or had the requirements of the position explained to you? \_\_\_\_\_\_\_\_\_\_ Do you understand these requirements? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you perform the requirements of the position with or without reasonable accommodations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES**

LIST THREE (3) PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS

**NAME ADDRESS PHONE YEARS KNOWN**

**EMPLOYMENT DATA**

***ANSWER ALL QUESTIONS IN THIS SECTION.***  SINCE PAST EMPLOYERS MAY BE CONTACTED, IT IS IMPORTANT THAT THE ADDRESS AND TELEPHONE NUMBERS ARE CORRECT. START WITH THE MOST RECENT EMPLOYERS, LIST ALL DUTIES YOU PREFORMED – INCLUDE PART TIME, TEMPORARY AND VOUNTEER POSITIONS.

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPANY NAME AND ADDRESS** | | | **PHONE NUMBER** |
| **DATES EMPLOYED**  **FROM TO** | **JOB TITLE** | | **SUPERVISOR NAME** |
| **REASON FOR LEAVING** | | **ADDITIONAL INFORMATION (IF ANY)** | |
| **DUTIES** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPANY NAME AND ADDRESS** | | | **PHONE NUMBER** |
| **DATES EMPLOYED**  **FROM TO** | **JOB TITLE** | | **SUPERVISOR NAME** |
| **REASON FOR LEAVING** | | **ADDITIONAL INFORMATION (IF ANY)** | |
| **DUTIES** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
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| **DUTIES** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
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| **DUTIES** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPANY NAME AND ADDRESS** | | | **PHONE NUMBER** |
| **DATES EMPLOYED**  **FROM TO** | **JOB TITLE** | | **SUPERVISOR NAME** |
| **REASON FOR LEAVING** | | **ADDITIONAL INFORMATION (IF ANY)** | |
| **DUTIES** | | | |

**CERTIFICATION AND RELEASE (**APPLICATION MUST BE READ AND SIGNED)

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE APPLICATION. I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTAITONS OF FACTS CONTAINED IN THIS APPLICATION MAY RESULT IN REJECTION OF MY APPLICATION OR DISCHARGE AT ANY TIME DURING MY EMPLOYMENT. I CONSENT TO THE RELEASE OF ANY OF THE INFORMATION PROVIDED REGARDING MY ABILITY AND FITNESS FOR EMPLOYMENT BY EMPLOYERS, SCHOOLS, COMPANIES, LAW ENFORCEMENT AGENCIES AND OTHER AUTHORIZED PERSONNEL AND HEREBY RELEASE ANY SAID PERSONS, SCHOOLS, COMPANIES, LAW ENFORCEMENT AUTHORITIES FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING THIS INFORMATION. I ALSO UNDERSTAND THAT THE USE OF ILLEGAL DRUGS IS PROHIBITED DURING EMPLOYMENT. ALAMOSA COUNTY POLICY REQUIRES A PRE-EMPLOYMENT DRUG TEST AND I AM WILLING TO SUBMIT TO DRUG TESTING TO DETECT THE USE OF ILLEGAL DRUGS PRIOR TO AND DURING EMPLOYMENT. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD, AND THAT I WILL BE SUBJECT TO THE PERSONNEL POLICIES IN EFFECT DURING MY EMPLOYMENT.

I HEREBY CERTIFY THAT THE APPLICATION IS COMPLETE AND THAT THE ANSWERS GIVEN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

|  |  |
| --- | --- |
| **sIGNATURE** | **DATE** |

(TYPE IN NAME AND DATE, IF E-MAILING FORM)