

**BACA COUNTY APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:

PRESENT ADDRESS:

PERMANENT ADDRESS

PHONE NO. ARE YOU 18 YEARS OR OLDER: Yes \_\_\_\_\_ No \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED

IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT DESIRED**

DATE YOU SALARY

POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CAN START \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DESIRED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF SO, MAY WE INQUIRE OF

ARE YOU CURRENTLY EMPLOYED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YOUR PRESENT EMPLOYER? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EVER APPLIED TO BACA COUNTY BEFORE: \_\_\_\_\_\_\_\_\_ IF SO, WHERE/WHEN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFERRED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EDUCATION | NAME AND LOCATION OF SCHOOL | NO OF YEARS ATTENDED | DID YOU GRADUATE | SUBJECTS STUDIED |
| GRAMMAR SCHOOL |  |  |  |  |
| HIGH SCHOOL |  |  |  |  |
| COLLEGE |  |  |  |  |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL |  |  |  |  |

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

SPECIAL SKILLS:

ACTIVITIES (CIVIC, ATHLETIC, ETC.):

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

US MILITARY SERVICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RANK: \_\_\_\_\_\_\_\_\_\_\_\_

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form complies with the provisions of the Americans with Disabilities Act and the final regulations

and interpretive guidance promulgated by the EEOC on July 26, 1991

(Continued on other side)

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE  MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
| FROM/TO: |  |  |  |  |
| FROM/TO: |  |  |  |  |
| FROM/TO: |  |  |  |  |
| FROM/TO: |  |  |  |  |

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | ADDRESS | BUSINESS | YEARS ACQUANTED |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

IN CASE OF EMERGENCY, NOTIFY

NAME ADDRESS PHONE NO.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE; AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COUNTY’S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME AT EITHER MY OR THE COUNTY’S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COUNTY. I UNDERSTAND THAT NO COUNTY REPRESENTATIVE, OTHER THAN THE BOARD OF COUNTY COMMISSIONERS/ ELECTED OFFICIAL AND THEN ONLY WHEN AUTHORIZED BY THE BOARD OF COUNTY COMMISSIONERS/ELECTED OFFICIAL HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REMARKS:

HIRED: \_\_\_\_\_\_\_\_\_\_\_\_