

**BACA COUNTY APPLICATION FOR EMPLOYMENT**

**ROAD AND BRIDGE DEPARTMENT**

**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 \_\_\_\_\_

**DRIVER EXPERIENCE AND QUALIFICATIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DRIVER LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT(VAN, TANK, FLAT, ETC.) | DATESFROM TO | APPROX. NO. OF MILES(TOTAL) |
| STRAIGHT TRUCK |  |  |  |
| TRACTOR AND SEMI-TRAILER |  |  |  |
| TRACTOR – TWO TRAILERS |  |  |  |
| OTHER |  |  |  |

ACCIDENTS

|  |  |  |  |
| --- | --- | --- | --- |
| DATES | NATURE OF ACCIDENT(HEAD-ON, REAR END, UPSET, ETC.) | FATALITIES | INJURIES |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (other than parking violations)

|  |  |  |  |
| --- | --- | --- | --- |
| LOCATION | DATE | CHARGE | PENALTY |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EMPLOYMENT RECORD**

NOTE: DOT requires that employment for at least three (3) years and/or commercial driving experience for the past ten (10) years be shown. Use an additional sheet of paper if more space is needed

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

**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: