

Otero County
13 W 3rd Street, Room 212. La Junta, CO 81050
Phone (719) 383-3000; Fax (719) 383-3090
Hours: 8:00 - 5:00 Monday through Friday

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, religion, natural origin, color, sex, age or handicap. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors.

INSTRUCTIONS

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application form.
PLEASE print, except for a signature on page 4 of the application.

Job Applied For: _____

Today's date _____

Are you seeking: Full-time ☐ Part-time ☐ Temporary or Summer ☐ employment?

When are you available for employment? _____

PERSONAL DATA

Last Name	First Name	Middle Name	Telephone Number
Present Street Address		City	State Zip Code
Mailing Address		City	State Zip Code
Are you legally entitled to work in the United States? Yes <input type="radio"/> No <input type="radio"/>			
Can you submit verification of your legal right to work in the United States? Yes <input type="radio"/> No <input type="radio"/>			

HEALTH

Is reasonable accommodation needed to perform the essential functions of the job you are applying for?
Yes ☐ No ☐

Would you take a physical examination if required for the job for which you are applying? Yes ☐ No ☐

MILITARY

Military Status:

Active-Duty Service from _____ to _____

Branch of Service _____

Are you a member of a Reserve organization? ☐ Yes ☐ No

GENERAL

Were you ever employed here? Yes ☐ No ☐ When? _____

Have you ever applied here before? Yes ☐ No ☐ When? _____

Are you now or do you expect to be engaged in any other business or employment? Yes ☐ No ☐
If yes, please explain

For jobs where driving is required only: Do you have a valid driver's license? Yes ☐ No ☐
Driver's License Number _____

For jobs requiring a Commercial Driver's License (COL): Do you have a Class A? Yes ☐ No ☐
Do you have a Class B? Yes ☐ No ☐

EDUCATION

Name, Address and Location of School	Highest Grade Completed	Did You Graduate?	Date of Leaving
High School :			
College or University:			
College Major:			
Degree:			
Additional Educational and/or Vocational or Technical Training Information:	Courses Taken	Courses Completed	Date of Leaving
School:			
School:			

School:			
School:			
<p align="center">WORK HISTORY</p> <p>List names of employers in consecutive order with the present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give the firm name and supply business references. PLEASE GIVE MONTH AND YEAR</p>			
Name of Employer Address City, State, Zip Code	Name of Last Supervisor	Employed	
		From	
		To	
Telephone			
Title	Reason for leaving		
Duties May we contact your present employer? Yes <input type="radio"/> No <input type="radio"/>			
Name of Employer Address City, State, Zip Code	Name of Last Supervisor	Employed	
		From	
		To	
Telephone			
Title	Reason for leaving		
Duties 			
Name of Employer Address City, State, Zip Code	Name of Last Supervisor	Employed	
		From	
		To	
Telephone			
Title	Reason for leaving		
Duties 			
Name of Employer Address City, State, Zip Code	Name of Last Supervisor	Employed	
		From	
		To	
Telephone			
Title Reason for leaving:			

Duties

Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable us to check your employment history?..... Yes ☐ No ☐ If Yes, Please list the additional information on an attached sheet.

SPECIAL SKILLS

If you are an experienced operator of any business machines or equipment, please list.

If you are an experienced operator of any plant machines or equipment, please list.

Do you type? Yes ☐ No ☐ Words per Minute _____

Do you have any other skills you wish to mention that relate to the performance of the job for which you are applying?

REFERENCES

Give three references. No relatives or former employers

Name	Address	Phone	Occupation

CERTIFICATION

I hereby certify that the information given in this application is correct and complete. I understand any false statements, omissions, or misrepresentations contained in this application, related interview, or related correspondence may disqualify me for employment consideration. Should the investigation at any time disclose any falsification, omission, or misrepresentation, said disclosure may be grounds for termination of employment. I consent to the release of information by employers, schools, law enforcement agencies, and any other third party deemed necessary by Otero County to verify the information contained in this application.

Print _____ Sign _____ Date _____

OFFICE USE ONLY

Do Not Write Below this Line

Interviewed by:	Interviewer's remarks and recommendations:
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