## **Otero County**

13 W 3<sup>rd</sup> 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 signature on page 4 of application. |                               |              |             |                  |  |  |
| Job Applied For:  | lob 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 N | 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 \( \) No \( \) Can you submit verification of your legal right to work in the United States? Yes \( \) No \( \)  |                               |              |             |                  |  |  |
| HEALTH  |                               |              |             |                  |  |  |
| Can you perform the essential functions of the job for which you are applying with or without accommodation? Yes No   |                               |              |             |                  |  |  |
| Would you take a physical examination if required for the job for which you are applying? Yes $\square$ No $\square$  |                               |              |             |                  |  |  |
|   |                               |              |             |                  |  |  |

| MILITARY  |                            |                      |  |  |  |  |  |
|---|----------------------------|----------------------|--|--|--|--|--|
| Military Status:  |                            |                      |  |  |  |  |  |
| Active Duty Service from to   |                            |                      |  |  |  |  |  |
| Branch of Service   |                            |                      |  |  |  |  |  |
| Are you a member of a Reserve organization? Yes No No   |                            |                      |  |  |  |  |  |
| GENERAL   |                            |                      |  |  |  |  |  |
| Were you ever employed here? Yes No When?   |                            |                      |  |  |  |  |  |
| Have you ever applied here before? Yes No When?   |                            |                      |  |  |  |  |  |
| Have you ever been convicted of any law violation (except a minor traffic violation)?                               |                            |                      |  |  |  |  |  |
| 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 (CDL): 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<br>Completed |                      |  |  |  |  |  |
| High School :   |                            |                      |  |  |  |  |  |
| College or University:  | _                          |                      |  |  |  |  |  |
| College Major:  | _                          |                      |  |  |  |  |  |
| Degree:   | _                          |                      |  |  |  |  |  |
| Additional Educational and/or Vocational or Technical Training Information:   | Courses Taken              | Courses<br>Completed |  |  |  |  |  |
| School:   |                            |                      |  |  |  |  |  |

| School:  |                            |                  |  |  |  |  |
|--|----------------------------|------------------|--|--|--|--|
| School:  |                            |                  |  |  |  |  |
| School:  |                            |                  |  |  |  |  |
| WORK HISTORY  List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR |                            |                  |  |  |  |  |
| Name of Employer<br>Address<br>City, State, Zip Code   | Name of Last<br>Supervisor | Employed<br>From |  |  |  |  |
| Telephone  | c .                        | То               |  |  |  |  |
| Title  | Reason for leaving         |                  |  |  |  |  |
| Duties  May we contact your present employer?  |                            |                  |  |  |  |  |
| Name of Employer<br>Address<br>City, State, Zip Code   | Name of Last<br>Supervisor | Employed<br>From |  |  |  |  |
| Telephone  |                            | То               |  |  |  |  |
| Title  | Reason for leaving         |                  |  |  |  |  |
| Name of Employer  Name of Last Employed  |                            |                  |  |  |  |  |
| Address<br>City, State, Zip Code   | Supervisor                 | From             |  |  |  |  |
| Telephone  |                            | То               |  |  |  |  |
| Title  | Reason for leaving         |                  |  |  |  |  |
| Duties   |                            |                  |  |  |  |  |
| Name of Employer<br>Address  | Name of Last<br>Supervisor | Employed         |  |  |  |  |
| City, State, Zip Code  |                            | From             |  |  |  |  |
| Telephone  |                            | То               |  |  |  |  |

| 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?  |                    |                               |       |            |  |
| 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?   |                    |                               |       |            |  |
| Do you have any other skills you wish to mention that relate to performance of the job for which you are applying?   |                    |                               |       |            |  |
| Give three references, not relativ   | es or former empl  | REFERENCES oyers.             |       |            |  |
| 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 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. |                    |                               |       |            |  |
| Signature  | Date               |                               |       |            |  |
| OFFICE USE ONLY  |                    |                               |       |            |  |
| Do Not Write Below this Line  Interviewer's remarks:   |                    |                               |       |            |  |
| Interviewed by:  |                    | in in the tree is not include | i No. |            |  |