PARK COUNTY GOVERNMENT



P.O. Box 1373, Fairplay, CO 80440 719-836-4217 (Ph) 719-836-3273 (Fax) www.parkco.us pchr@parkco.us

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Park County does not discriminate on the basis of race, color, creed, religion, national origin, age, sex, disability, veteran status or political affiliation. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job related factors.

Please PRINT all information. 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. You must submit a separate application for each position for which you are applying. Resumes may be included with the completed application. The applicant is required to sign and date the last page of this application. Please read carefully, sign and date the Affidavit on the last page of this application.

JOB APPLIED FOR:			DATE:			
WHEN ARE YOU AVAILA	ABLE?					
	PERSO	ONAL INFORMA	ATION			
Last Name:		First Name:_			Middle Init:_	
Address: St						
St	reet		City	State	Zip	
Mailing Address:						
(If different from above) St	reet		City	State	Zip	
Геlephone Number:						
	Home			Other (Business or Mo	essage)	
	MILIT	TARY INFORMA	TION			
Active Duty Service From_		to				
Branch of Service:						
Service Duties:						
Are you a member of a Rese	rve organization?					

GENERAL INFORMATION						
1.	Are you at least 18 years of age?	Yes	_No			
2.	If required, are you willing to submit to a pre-employment drug test, physical exam, and background investigation?	Yes	_No			
3.	Have you ever been convicted of a felony? If yes, list dates, location, and resolution of each below.	Yes	_No			
4.	Have you ever applied for a position with Park County? If yes, list when and for what position:	Yes	_No			
5.	Do you have any relatives currently employed by Park County? If yes, list the name(s), relationship(s), and department(s) below.					
6.	Have you previously worked for Park County? If yes, list when and for what position:	Yes	_No			
7.	If required of the position, do you have a valid driver's license? If so, list the state where issued and class of license: Yes_					
8.	Are you now or do you expect to be engaged in any other business or employmen If yes, please explain below.	t? Yes	_No			
9.	Have you missed any work during the past six months? If yes, please explain:	Yes	_No			
10.	Is any additional information relative to change of name, use of assumed name, orNo					
11.	1. Are you presently employed? May we contact your employer?					
Please i	indicate the item number above to which the following further detailed explanation	applies:				
	EDUCATION					
High Sc	chool Diploma or GED? Yes No Where?					
Type of	Number of Did You School Name/Location Years Attended Graduate?	Degree/Major	r			
Undergi	raduate:					
Graduat	te:					
Vocatio						
	hnical:					
Other T	Training:					

EMPLOYMENT HISTORY

List names of employers in consecutive order with current or most recent employer listed first. If you have held more than one position for the same employer, list each position separately. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Attach additional pages if more space is necessary. Please give MONTH/YEAR.

Name: Address: Phone No				
Phone No				
		May we contact Employe		
Employed From	to	Supervisor's Name:		
Job Title:		Beginning Wage:	_ Ending Wage:	
Description of Job Duties:				
Reason for Leaving:				
Name:		Previous Employer		
Address:				
		May we contact Employe	er? Ves	No
		Supervisor's Name:		
		Beginning Wage:		
Description of Job Duties:			_ Ending wage	
Description of too Buttes.				
Reason for Leaving:				
		Previous Employer		
Name:				
Address:				
·		May we contact Employe	· ·	_ No
-		Supervisor's Name:		
		Beginning Wage:		
Description of Job Duties:				

	SPECIAL SKILLS, EX	XPERIENCE, AND QUAL	IFICATIONS
Computer Software:			
Computer Hardware:			
Office Equipment or Mac	hinery:		
Office Equipment of Wide	Anniery.		
Professional Licenses or	Certifications:		
Circ than a malaman and		SSIONAL REFERENCES	
	t relatives or former employ		Length and Type of
Name	Address	Telephone	Relationship
		AFFIDAVIT	
PLEAS	SE READ EACH STATE	MENT CAREFULLY BEFO	ORE SIGNING
consequential omissions employment is terminated I also authorize the component character and qualification any damage for issuing the true and was made by me person, hospital or other the company any knowly statements may render the employed, I have been his time, and with or without time of termination.	of any kind whatsoever. I d because of falsity of state ranies, schools or persons name. I hereby release said combis information. I certify the without any reservation. I institution that has or may be ledge or information there is application void, and if each at the will of the employer's only	agree that the company shall ments, answers or omissions amed above to give any information and answer expressly waive all provision hereafter attend or furnish me by acquired. I understand employed, would be cause for over and that my employment of obligation being to pay salar	ents are true and correct without not be liable in any respect if my made by me in this questionnaire mation regarding my employment, a named above from all liability for s to questions about my health are s of law prohibiting any physician with treatment from disclosing to that any misleading or incorrect retermination. I understand that if it may be terminated at will, at any ary or wages due and owing at the
I have read, understand, a	and by my signature consent	to these statements.	

Date:_____

Signature: