



CLEAR CREEK COUNTY
PO BOX 2000
GEORGETOWN, COLORADO 80444
(303) 679-2332 - FAX 303-679-2417

APPLICATION FOR EMPLOYMENT

(Please print plainly)

Date: _____ Position applying for: _____

PERSONAL INFORMATION

Name: _____ Social Security No. _____

Address: _____

Previous address (If less than 2 years): _____

Daytime Phone No: _____ Nighttime Phone No: _____

Email address: _____ Male _____ Female _____

Are you over the age of 18? _____ If no, could you provide a valid work permit? _____

Will you be able to provide proof of your eligibility to work in the United States if hired? _____

If your application is considered favorably, on what date will you be available for work? _____

Are you able to work: Saturday _____ Sunday _____ Evenings _____ Rotating Shifts _____

Have you ever been employed under another name? _____ If so, please list _____

EDUCATION

Circle highest grade completed:

1 2 3 4 5 6 7 8 High school: 9 10 11 12 College (years): 1 2 3 4 5 6

Last school attended: _____
(Name) (City and State)

Please list three personal References (Do not list former Employers or Relatives)

Name & Occupation	Address	Telephone Number

WORK HISTORY: Complete work history for the past 10 years. Identify part time just with "PT" and temporary jobs with "TEMP"

Name of Company:		Date Started MO/YR	Date Ended MO/YR
Address:		Position Held:	
Telephone Number:			
Supervisor's Name:		Starting Wage	Ending Wage
Reason for Leaving::			
Describe work you did:			

Name of Company:		Date Started MO/YR	Date Ended MO/YR
Address:		Position Held:	
Telephone Number:			
Supervisor's Name:		Starting Wage	Ending Wage
Reason for Leaving::			
Describe work you did:			

Name of Company:		Date Started MO/YR	Date Ended MO/YR
Address:		Position Held:	
Telephone Number:			
Supervisor's Name:		Starting Wage	Ending Wage
Reason for Leaving::			
Describe work you did:			

Name of Company:		Date Started MO/YR	Date Ended MO/YR
Address:		Position Held:	
Telephone Number:			
Supervisor's Name:		Starting Wage	Ending Wage
Reason for Leaving::			
Describe work you did:			

Name of Company:		Date Started MO/YR	Date Ended MO/YR
Address:		Position Held:	
Telephone Number:			
Supervisor's Name:		Starting Wage	Ending Wage
Reason for Leaving::			
Describe work you did:			

WORK HISTORY CONTINUED

<i>Name of Company:</i>		<i>Date Started</i> MO/YR	<i>Date Ended</i> MO/YR
<i>Address:</i>		<i>Position Held:</i>	
<i>Telephone Number:</i>			
<i>Supervisor's Name:</i>		<i>Starting Wage</i>	<i>Ending Wage</i>
<i>Reason for Leaving::</i>			
<i>Describe work you did:</i>			

**** Use additional sheets if necessary to complete job history ****

May we contact your former employer(s)? _____ If there is a particular employer(s), you do not wish us to contact, please indicate which one(s). _____

Please list additional skills, languages, experiences, or qualifications which will be of special benefit in the job for which you are applying? _____

Please list specific computer programs you are familiar with: _____

Please list all degrees, certificates, or special licenses you have earned? _____

To verify your complete work history and educational credentials, have you left anything off the application form we should know about? _____

Have you ever been convicted of a crime, misdemeanor or felony, in the last five years which has not been annulled, expunged or sealed by a court? _____

If so, describe in full. _____

Conviction of a crime will not be an absolute bar to employment.

Are you eligible to be bonded? _____

Do you have a valid driver's license? _____

Driver's License Number: _____ Class of License: _____ State Licensed: _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination or background investigation. I hereby consent to a pre- and/or post-employment drug screen and a background investigation as a condition of my employment, if required.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that this application, verbal statements by management, or subsequent employment does not create an expressed or implied contract of employment nor guarantee employment for any definite period of time. Only the Board of County Commissioners (BOCC) has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by the BOCC and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

Signature of Applicant

Date

OPTIONAL:

Have you been given a copy of the job description listing the essential job functions of the position(s) for which you have applied? _____

Please review the job description(s) and answer the following question: Are you able to perform each of the essential job functions listed for each position for which you have applied? _____

If no, list the function(s) you are unable to perform and explain why you are unable to perform it/them on a blank piece of paper and attach to the application.

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

CLEAR CREEK COUNTY does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. The Human Resource Manager has been designated to coordinate compliance with the non-discrimination requirements contained in section 35.107 of the Department of Justice regulations. Information concerning the provisions of the American with Disabilities Act, and the rights provided thereunder, are available from the ADA coordinator.

Individuals with disabilities needing auxiliary aid(s) may request assistance by contacting the Human Resource Department at: Clear Creek County, P.O. Box 2000, Georgetown, CO 80444. Phone (303) 679-2332. We would appreciate it if you would contact us at least 48 hours in advance of the scheduled event so arrangement can be made to locate the requested auxiliary aid(s).

CDL Addendum to Application for Employment

ACCIDENT RECORD for the past 3 years or more (Attach sheet if more space is needed). If none, write none.

DATES		NATURE OF ACCIDENT (Head-on, Rear-end, upset, etc.)	FATALITIES	INJURIES
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violations). If none, write none.

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVERS LICENSES: List all unexpired drivers licenses that you have been issued.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO
- B. Has any license, permit, or privilege ever been suspended or revoked? YES NO

If the answer to either A or B is yes, give details _____

DRIVING EXPERIENCE (If none, write none):

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES (Total)
		From	To	
Straight truck				
Tractor and semi-trailer				
Tractor – two trailers				
Motorcoach – school bus				
Other				

List states operated in for last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

CDL Addendum to Application for Employment - Continued

Show any trucking, transportation or other experience that may help in your work for Clear Creek County:

List courses and training not listed in the application:

List special equipment or technical materials in addition to those already listed in the application:

Statement of applicant's rights per 391.23(d)&(e) of the Federal DOT Regulations:

1. You have the right to review information provided by previous employers;
2. You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; and
3. You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant

Date