

KIOWA COUNTY COMMISSIONERS

1305 Goff Street PO Box 100 Eads, CO 81036

APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE TYPE OR PRINT)

Position(s) Applied For:				Date of Application:	
Last Name		First Name		Middle Name	
Address: Number	Street	PO Box	City	State	Zip Code
Telephone Number(s):			Dr. License #	State	Social Security Number:

If you are under 18 years of age, can you provide required proof of your eligibility to work? **Yes** **No**

Have you ever filed an application with us before? **Yes** **No**

Have you ever been employed with us before? **Yes** **No**

If Yes, give date of employment _____

Are you currently employed? **Yes** **No**

May we contact your present employer? **Yes** **No**

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? **Yes** **No**

On what date would you be available for work? _____

Are you now Active Duty/Reservist in the Military? **Yes** **No**

Are you available to work: **Full Time** **Part Time** **Temporary**

Are you currently on "lay-off" status and subject to recall? **Yes** **No**

Can you travel if a job requires it? **Yes** **No**

Have you been convicted of a felony in the last 7 years? **Yes** **No**

If Yes, please explain _____

All applicants will bring a Motor Vehicle Report (MVR) to interview!!

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments & volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	<i>From:</i>	<i>To:</i>	
Telephone Number(s)	Hourly Rate/Salary		
Job Title Supervisor	<i>Starting</i>	<i>Final</i>	
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	<i>From:</i>	<i>To:</i>	
Telephone Number(s)	Hourly Rate/Salary		
Job Title Supervisor	<i>Starting</i>	<i>Final</i>	
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	<i>From:</i>	<i>To:</i>	
Telephone Number(s)	Hourly Rate/Salary		
Job Title Supervisor	<i>Starting</i>	<i>Final</i>	
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	<i>From:</i>	<i>To:</i>	
Telephone Number(s)	Hourly Rate/Salary		
Job Title Supervisor	<i>Starting</i>	<i>Final</i>	
Reason for Leaving			

EDUCATION

	School Name & Address	Course of Study	Years Completed	Diploma Degree
Elementary School				
Junior/High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities

Describe any job-related training received in the US military.

Indicate any foreign languages you can speak, read and/or write.

		Fluent	Good	Fair
Speak				
Read				
Write				

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment and other experience including specialized skills:

List professional, trade, business or civic activities and offices held:

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities in such a job or occupation is attached. _____ YES _____ NO

REFERENCES

Business or Personal

No family members

Name:	Phone #:
Address:	
Name:	Phone #:
Address:	
Name:	Phone #:
Address:	
Name:	Phone #:
Address:	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER