

## ARCHULETA COUNTY EMPLOYMENT APPLICATION

Archuleta County is an equal opportunity employer. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation.

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process, or, if discovered after employment, terminating employment. All qualified applicants will receive consideration. A felony conviction will not necessarily bar an applicant from employment. Affirmative Action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit a medical review. Depending on County policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the County.

If you need help to fill out this application form or for any phase of the employment process, notify the Human Resources Department and every reasonable effort will be made to accommodate your needs. If more space is needed to complete any question, use the comments section on the back or make additional copies of the page on the form on which you need more space. Print clearly. Incomplete or illegible applications will not be processed. Resumes are accepted in addition to this application, not in lieu of it. This application must be completed in full to be considered for employment.

### **PERSONAL INFORMATION**

Today's Date:				
Last Name	First Name	Middle Initial		
Mailing Address, PO Box, Apt Number	City	State	Zip	
Primary Contact Number	Other Number	E-mail Address		
Are you 18 years of age or older? <i>(If hired, you may be required to submit proof of age.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
If hired, can you furnish proof you are legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				

### **EMPLOYMENT DESIRED**

Position Desired:	Date Available:
Are you seeking? <i>(check all that apply)</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Contract	
Schedule availability: <i>(check all that apply)</i> <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Overtime <input type="checkbox"/> Flex Schedule <input type="checkbox"/> Other <i>(explain)</i>	
Have you previously been employed by the County? <input type="checkbox"/> Yes <i>(if yes, complete the next line[s])</i> <input type="checkbox"/> No	
Previous County employment dates	Previous County employment position

Do you have any relatives employed by the County? <input type="checkbox"/> Yes (if yes, complete the next line[s]) <input type="checkbox"/> No		
Relative(s) name	Relative(s) job/department	Relationship to you
If employed, do you expect to be engaged in any additional business/employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional business/employment details:		

**GENERAL INFORMATION**

Have you ever used any other names or social security numbers other than those on page 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, list those names and numbers:
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If currently employed, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
For positions requiring a driver's license only, do you have a valid Colorado Driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License Type and Number _____ In the last 3 years, have you been convicted of any traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:
Have you ever been convicted of a misdemeanor or felony (except a minor traffic violation)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:
If applying for a commissioned position with the Sheriff's Office: Are you 21 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you P.O.S.T. certified in the State of Colorado? <input type="checkbox"/> Yes <input type="checkbox"/> No

**EDUCATION**

	School Name & Address	Course of Study	Years Completed	Degree/Diploma
High School/GED				
Undergraduate College				
Graduate College/or Other				
Have you worked or attended school under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, list the name or names used:				
What skills or additional training do you have that is related to the position for which you are applying? (Example: languages you speak fluently)				

What machinery or equipment can you operate that is related to the position for which you are applying?

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age disability or other protected status.)

**EMPLOYMENT HISTORY**

List names of employers in reverse chronological 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 the firm name and supply business references. You must complete this section even if attaching a resume. Note: A job offer may be contingent upon acceptable references from current and former employers.

Employer \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ End Pay \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Web Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Work Performed \_\_\_\_\_

Employer \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ End Pay \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Web Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Work Performed \_\_\_\_\_

Employer \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ End Pay \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Web Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Work Performed \_\_\_\_\_

Employer \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ End Pay \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Web Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Work Performed \_\_\_\_\_

Employer \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ End Pay \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Web Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Work Performed \_\_\_\_\_

**WORK REFERENCES**

List the contact information for 2 business references who can speak to your work abilities.

Employer			
Contact/Reference			
Mailing Address, PO Box, Apt Number	City	State	Zip
Business Phone			

Employer			
Contact/Reference			
Mailing Address, PO Box, Apt Number	City	State	Zip
Business Phone			

**COMMENTS/ADDITIONAL INFORMATION**

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**CERTIFICATION, RELEASE, AND SIGNATURE**

*I certify that I have read and understand the applicant instructions on page 1 and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the County and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, institutions, and law enforcement authorities to release any information concerning by background and hereby release any said persons, schools, companies, institutions, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If the County policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

Today's Date: \_\_\_\_\_

Archuleta County, Human Resources Department,  
449 San Juan, PO Box 1507, Pagosa Springs, CO 81147  
970-264-8375  
Fax: 970-264-8376

**ARCHULETA COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER**