



Application for Employment

Garfield County
 Human Resources Department
 201 8th Street
 Glenwood Springs, CO 81601
 Fax: (970) 384-5009

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position for Which You Are Applying:
 (Complete one Application per Position)

Date of Application _____

How did you find out about us?

PERSONAL DATA

Last Name:	First Name:	Middle:
Street Address:		If hired, can you furnish proof you are eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>
City, State, Zip:		Home Phone:
Are you legally eligible for work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cell Phone:
Have you previously filled out an application with Garfield County? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give dates:		E-Mail Address:
Have you ever been employed by Garfield County? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date:		Are you 18 or older: Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you interested in? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Date available to start work:
Do you: Speak Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No. Read Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No. Write Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No.		Can you travel if this position requires it? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify applicant from employment)		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
<p>Garfield County's Policy regarding the hiring of relatives is: Relatives may be employed by Garfield County. If they are, they cannot supervise each other. For the purpose of this policy, a relative is defined as any two people related by blood, adoption, marriage, or living arrangement, as spouse, parent, child, grandparent, grandchild, brother, sister, in-laws, step-relations, common-law partners, or life partners.</p> <p>Are any of the above-listed relatives currently working for Garfield County? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide name(s): _____</p>		

EDUCATION

Please circle the highest grade completed 7 8 9 10 11 12 13 14 15 16+

SCHOOL	NAME & LOCATION	COURSE OF STUDY	DEGREE OR DIPLOMA (yes or no)
High			
College			
Graduate			
Other			

MILITARY

Describe any job-related training received in the United States military:

SPECIAL SKILLS

Describe any specialized training, apprenticeship, job-related skills and extra-curricular activities: (equipment operated, software programs, professional licenses, etc.)

PROFESSIONAL OR CIVIC ORGANIZATION MEMBERSHIP

List professional, trade, business or civic activities and offices held. (You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

REFERENCES

List 4 professional references and contact information.	Name	Phone	E-mail	Best Time to Call	Occupation
		()			
		()			
		()			
		()			

(please print)

EMPLOYMENT

(Please provide accurate, complete full-time and part-time employment record. Start with present or most recent employer. You may **add** a resume, but you **must** complete the entire application **in full** for consideration in hiring.)

Company Name:	Telephone: () -	Employed (month and year): From: To:
Street Address:	City, State, Zip:	Current salary or salary at termination:
Name of Supervisor:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hours per week:
State Job Title: _____ Describe Work:		Number that you supervised:
		Reason for Leaving:

Company Name:	Telephone: () -	Employed (month and year): From: To:
Street Address:	City, State, Zip:	Current salary or salary at termination:
Name of Supervisor:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hours per week:
State Job Title: _____ Describe Work:		Number that you supervised:
		Reason for Leaving:

Company Name:	Telephone: () -	Employed (month and year): From: To:
Street Address:	City, State, Zip:	Current salary or salary at termination:
Name of Supervisor:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hours per week:
State Job Title: _____ Describe Work:		Number that you supervised:
		Reason for Leaving:

Company Name:	Telephone: () -	Employed (month and year): From: To:
Street Address:	City, State, Zip:	Current salary or salary at termination:
Name of Supervisor:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hours per week:
State Job Title: _____ Describe Work:		Number that you supervised:
		Reason for Leaving:

<p>Explain any gaps in employment:</p>
--

AUTHORIZATION AND SIGNATURE

I certify that answers herein are true and complete; furthermore, I understand that misrepresentation or omission of facts in this application or during an interview(s) will be cause for cancellation of consideration for employment or for dismissal if employed.

I authorize an inquiry to be made on the information contained in this application, and I understand for some positions this may include a thorough criminal, financial and/or DMV background investigation. Upon written request, the nature and scope of this inquiry will be made available to me. Former employers named herein are authorized to give information regarding me. They are hereby released from all liability for furnishing such information to Garfield County.

I understand that employment is contingent upon a favorable evaluation and/or results of any pre-employment requirements necessary to perform the position applied for. This may include a health evaluation form, medical examination, skills testing, aptitude testing, verification of employment or other assessment determined necessary.

This application for employment shall be considered active for the period of time that the position applied for is vacant, or for six months, whichever is longer. Any applicant wishing to be considered for employment beyond this period should reapply.

Print Name

Applicant's Signature

Date

APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. As an affirmative action employer under E.O. 11246 we invite all applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

Name _____ Date _____
Last First Middle

Position for which you are applying: _____

I. GENDER: Male Female

II. RACE/ETHNICITY (You may mark only one box):

- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** a person having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

I have read this form and voluntarily choose not to submit this information.

Signature _____