

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 applying for a safety-sensitive position as described by the department of transportation you are subject to Federal drug testing and alcohol testing as a condition of employment.

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			Apt Number				
City		State	Zip Code	E-mail:			
Primary Contact Number		()		Other Number		()	
Are you 18 years or older? (If hired, you may be required to submit proof of age)						Yes	No
If hired, can you furnish proof you are legally eligible to work in the United States?						Yes	No

EMPLOYMENT DESIRED

Position Desired:			Date Available				
Are you seeking? (check all that apply)		Full Time	Part Time	Volunteer	Temporary/Seasonal		
Schedule availability: (Check all that apply)			Weekdays	Weekends	Evenings		
			Nights	Overtime	Flex schedule		
			Other (explain)				
Have you previously been employed by the County?			Yes (if yes, complete the next line[s])			No	
Previous County employment dates			Previous County employee position				

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

BACKGROUND INFORMATION

Social Security #	<input type="text"/>	Have you ever used other names or social security numbers other than that provided?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If so, list those names and numbers:						
<input type="text"/>						
Are you currently employed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently employed, may we contact your current employer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid Driver's license?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drivers License State, Type, and Number	<input type="text"/>					
In the last 3 years, have you been convicted of any traffic violations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide details:						
<input type="text"/>						
Have you ever been convicted of a misdemeanor or felony (except a minor traffic violation)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide details:						
<input type="text"/>						

FOR POSITIONS REQUIRING A COMMERCIAL DRIVERS LICENSE:

COMMERCIAL VEHICLE DRIVER APPLICANT Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer. Yes _____ No _____

If yes - Have you successfully completed the return-to-duty process? Yes _____ No _____

Documentation MUST BE PROVIDED.

What other skills do you have that are related to the position for which you are applying?
 (Example: languages you speak fluently)

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

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?			Yes	No
If so, list the name or names used:				
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 for at least the last ten years. List the present or last employer first. Account for all periods of time including military service, volunteer 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		Start Pay		End Pay	
Mailing Address							
City				State		Zip	
Telephone				Web Address			
Job Title				Supervisor			

Reason for leaving	
Work performed	

Employer							
Start Date		End Date		Start Pay		End Pay	
Mailing Address							
City				State		Zip	
Telephone				Web Address			
Job Title				Supervisor			
Reason for leaving							
Work performed							

Employer							
Start Date		End Date		Start Pay		End Pay	
Mailing Address							
City				State		Zip	
Telephone				Web Address			
Job Title				Supervisor			
Reason for leaving							
Work performed							

Employer							
Start Date		End Date		Start Pay		End Pay	
Mailing Address							
City				State		Zip	
Telephone				Web Address			
Job Title				Supervisor			

Reason for leaving	
Work performed	

Employer							
Start Date		End Date		Start Pay		End Pay	
Mailing Address							
City				State		Zip	
Telephone				Web Address			
Job Title				Supervisor			
Reason for leaving							
Work performed							

WORK REFERENCES

Employer							
Name of Reference							
Mailing Address							
City				State		Zip	
Business Phone							

Employer							
Name of Reference							
Mailing Address							
City				State		Zip	
Business Phone							

COMMENTS/ADDITIONAL INFORMATION

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 my 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

