

ARAPAHOE COUNTY

5334 S. Prince Street
Littleton, CO 80166-0001
FAX: 303-738-7878

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

ARAPAHOE COUNTY

Job Line: (303) 795-4480
Hours: 8:00 - 4:30 Monday thru Friday

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Job Applied For _____ Today's Date _____
Are you seeking: Full-time Part-time Temporary or Summer Employment?
When could you start work? _____

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code
Are you 18 years of age or older? Yes No
(If you are hired, you may be required to submit proof of age.)
If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____
Were you ever employed here? Yes No If yes, when? _____
Have you ever been convicted of any law violation (except a minor traffic violation?) Yes No
If yes, give details _____
(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)
Are you now or do you expect to be engaged in any other business or employment? Yes No
If yes, please explain _____

EDUCATION

List Name and Address of Schools	Number of Years Completed	Diploma/ Degree/ Certificate
High School: Or GED: _____ _____ College or University: _____ _____ Subjects Studied: _____ _____		
Vocational or Technical _____ _____ Subjects Studied: _____		

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

How many days of work have you missed during the past year?
(Exclude absences due to disability or those covered by FMLA.) _____

FOR DRIVING JOBS ONLY

Do you have a valid drivers license? Yes No

Drivers License Number _____ Class of License _____

Have you had your driver's license suspended or revoked in the last three years? Yes No

If yes, give details: _____

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)

WORK HISTORY

List names of employers in consecutive 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 firm name and supply business references. NOTE: A job offer may be contingent upon acceptable references from current and former employers.

PLEASE GIVE MONTH AND YEAR

Name of Employer Address City, State, Zip Code Telephone	Name of Last Supervisor	Employed	Pay
		From	Start
		To	Final
Title	Reason for Leaving		
Duties			
Name of Employer Address City, State, Zip Code Telephone	Name of Last Supervisor	Employed	Pay
		From	Start
		To	Final
Title	Reason for Leaving		
Duties			
Name of Employer Address City, State, Zip Code Telephone	Name of Last Supervisor	Employed	Pay
		From	Start
		To	Final
Title	Reason for Leaving		
Duties			
Name of Employer Address City, State, Zip Code Telephone	Name of Last Supervisor	Employed	Pay
		From	Start
		To	Final
Title	Reason for Leaving		
Duties			

REFERENCES

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Are you presently employed? Yes No

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Give three references, not relatives

Name	Address	Phone

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my 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 maybe useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

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

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. 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 CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature _____ Date _____