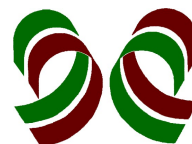


**Douglas County Government**

Department of Human Resources  
100 Third Street  
Castle Rock, CO 80104  
Job Information (303) 660-7420



an equal opportunity employer

# Application for Employment

*Each question should be fully and accurately answered.*

*A separate application must be submitted for each position for which you are applying.*

## PERSONAL INFORMATION

Position applying for \_\_\_\_\_

Department \_\_\_\_\_

Name \_\_\_\_\_  
*First Middle Last*

Street Address \_\_\_\_\_

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

Social Security Number \_\_\_\_\_

Home phone \_\_\_\_\_ Message phone \_\_\_\_\_

List names you have used in the past in order to verify work/educational record \_\_\_\_\_

Are you eligible to work in the U.S.? \_\_\_\_\_ *Proof of eligibility will be required if you are employed.*

Have you ever been employed by Douglas County Government? \_\_\_\_\_ When? \_\_\_\_\_

Position \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ *Conviction will not necessarily disqualify you from employment.*

If yes, explain. \_\_\_\_\_

## EDUCATION/SKILLS

High School \_\_\_\_\_ 9 10 11 12  
*Name City State Circle highest grade completed*

Did you graduate? \_\_\_\_\_

**College:**

<i>School</i>	<i>Dates Attended</i>	<i>Date Graduated</i>	<i>Degree Received</i>	<i>Course/Major</i>
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**Other Job Related Educational Institutions, Licenses, Certifications:**

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**Job-related skills (for example: typing speed, computer programs, heavy equipment, etc.)**

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**Additional information that might qualify you for the position:**

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**Employment Data:** Give past employment record as completely as possible starting with most recent employer. Account for all periods of time including military service and any period of unemployment.

Attach additional sheets if necessary.

<i>Employer name, address, and telephone number</i>	<i>dates employed</i>	<i>title</i>	<i>name of supervisor</i>

full time ____ part time _____	<i>responsibilities/description</i>		<i>reason for leaving</i>
<i>Employer name, address, and telephone number</i>	<i>dates employed</i>	<i>title</i>	<i>name of supervisor</i>
full time ____ part time _____	<i>responsibilities/description</i>		<i>reason for leaving</i>
<i>Employer name, address, and telephone number</i>	<i>dates employed</i>	<i>title</i>	<i>name of supervisor</i>
full time ____ part time _____	<i>responsibilities/description</i>		<i>reason for leaving</i>
<i>Employer name, address, and telephone number</i>	<i>dates employed</i>	<i>title</i>	<i>name of supervisor</i>
full time ____ part time _____	<i>responsibilities/description</i>		<i>reason for leaving</i>

**Complete for driving jobs ONLY:**

Do you have a valid Colorado Driver's License? \_\_\_\_\_ If no, another state? \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ Class \_\_\_\_\_

**REFERENCES**

List three people who are not related to you who know your professional qualifications for the position for which you are applying. Do not repeat names of supervisors listed under work history.

<i>Name</i>	<i>Address</i>	<i>Telephone #</i>	<i>Occupation</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE READ CAREFULLY BEFORE SIGNING:**

I understand this employment application is not a contract of employment. I understand that Douglas County is an "at-will" employer. If I am hired, I may voluntarily leave employment at any time and understand that the County has an identical right to terminate my employment at any time, with or without cause. I represent to the County, with the intent that the County relies on it, that no oral or written statements contrary to the above have been made by any person. I certify that all statements on this application are true and complete. I understand and agree that false statements on this application shall be sufficient cause for rejection of application or dismissal. By signing, I am authorizing Douglas County to make any investigation regarding my employment history. If required, I authorize Douglas County Sheriff's Office to conduct a criminal background check. I hereby release Douglas County, its officers, employees and agents from any claims, liabilities or damages that may result from the release of information discovered from any background check.

As a condition of employment, I also agree to the following:

1. Meeting employability requirements of the Federal Immigration and Naturalization Service and submitting appropriate documentation to satisfy the requirements for completing INS Form I-9.
2. A physical exam, including DOT drug and alcohol testing requirements, and completion of a health questionnaire to certify that I can perform the essential functions of the job for which I am applying, if required.
3. Completing and executing a surety bond application, if required.
4. Meeting minimum or maximum age requirements of applicable laws and submitting proof of true age, if required.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_