

La Plata County

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

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

Please provide only the information requested. Failure to do so will result in disqualification of your application. Mail completed application to:

La Plata County Human Resources

1060 Main Ave., Suite 104

Durango, CO 81301

Phone: (970) 375-7907 X100 Fax: (970)375-7986

Website: <http://co.laplata.co.us>

Personal / Identification

Last Name	First Name	Middle	Social Security Number
Street Address	City	State	Zip
Home Phone (____)	Work Phone (____)		

Please list all addresses for the past five years:

Street Address	City	State	Zip
Street Address	City	State	Zip
Street Address	City	State	Zip

Position(s) desired: 1. _____ **Salary expectations:** \$ _____

2. _____ **Date available:** _____

3. _____

How did you hear about us? Walk-In Internet School Unemployment Office
 Newspaper: _____ Other _____
 Employee Referral (Name): _____

Are you under 18? Yes No Can you legally work in the US? Yes No

Have you ever worked under a different name? Yes No If yes, please list: _____

Have you ever worked for La Plata County before? Yes No If yes, please list Department and dates:

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No If accommodations are necessary, please describe:

Have you been convicted of a crime other than minor traffic violation within the past seven years? Yes No
 A conviction will not necessarily disqualify you from employment. If you answered yes to above, attach additional page with explanation of conviction(s) to this application. Include: (1) Date convicted, (2) Charge, (3) Jurisdiction, (4) Disposition.

Education and Training		
Name of School, City, State	Degree Received	Major
High School:		
College:		
College:		
Business or Trade School:		
Are you currently attending school? Yes No		

Licenses/Certifications			
If a drivers license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following:			
Professional/Specialty License Type	State and/or Agency Granting License	Number	Expiration Date

Driver's License # _____ State _____ Expiration Date _____ Class(es) _____

Skills
Please list any skills you have (i.e. computer, languages, equipment, operations, trade skills, etc).

Work History
<ul style="list-style-type: none"> ● Describe the duties you have performed which demonstrate that you have the knowledge and skills to perform the job for which you are applying. You may include on-the-job training, internship, volunteer activity, self employment, and military experience. ● Begin with your most recent job and list each job separately. Additional pages of work history may be attached. ● If a supplemental questionnaire is required, it must accompany this application.

Current or Most Recent Employer:	Phone #(___)
Job Title:	Supervisor:
Address:	From: Mo. Yr.
City, St. Zip Code:	To: Mo. Yr.
Reason for leaving:	Salary: \$
May we contact this employer? Yes ___ No ___	
Description of work responsibilities:	
Previous Employer:	Phone #(___)
Job Title:	Supervisor:
Address:	From: Mo. Yr.
City, St. Zip Code:	To: Mo. Yr.
Reason for leaving:	Salary: \$
May we contact this employer? Yes ___ No ___	
Description of work responsibilities:	
Previous Employer:	Phone #(___)
Job Title:	Supervisor:
Address:	From: Mo. Yr.
City, St. Zip Code:	To: Mo. Yr.
Reason for leaving:	Salary: \$
May we contact this employer? Yes ___ No ___	
Description of work responsibilities:	
Previous Employer:	Phone #(___)
Job Title:	Supervisor:
Address:	From: Mo. Yr.
City, St. Zip Code:	To: Mo. Yr.
Reason for leaving:	Salary: \$
May we contact this employer? Yes ___ No ___	
Description of work responsibilities:	

May we contact this employer? Yes___ No___

Description of work responsibilities:

**Personal/Professional References
(Exclude former employers or relatives)**

Name & Occupation	Address	Phone Number

Applicant please read and sign below:

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize La Plata County (the County) to make a thorough investigation of my past employment, education and activities, including but not limited to, the verification of criminal, motor vehicle and maritime public records. I release from all liability all persons, companies and corporations supplying such information. I indemnify the County against any liability which might result for making such investigation. I understand that my application for employment with La Plata County is public record and may be viewed by any person who requests to do so.

This application for employment shall be considered active for six (6) months. Any applicant wishing to be considered for employment beyond this time period should resubmit his/her application.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the County and myself for any term of employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the County unless made in writing. Employees at the County are hired for indefinite terms of employment. Employment at the County is at-will, which means that the County or the employee may terminate the employment relationship at any time, with or without cause and with or without notice.

As a condition of employment with the County, I understand I must provide documentation to prove both identity and employment eligibility as required by the Immigration Reform And Control Act of 1986.

I understand that the County promotes a drug-free working environment and that I may, as a condition of employment or continued employment, be required to pass a physical examination including a drug screen and random drug and alcohol testing. I also understand that my employment may be denied or terminated for unfavorable results of such examination or testing.

The Fair Credit Reporting Act (15U.S.C. 1681 et seq.) requires that you be advised that in connection with your application for employment or promotion a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and the scope of the report, if one is made will be provided.

I understand that false or misleading information given in my application or interview(s) may result in denial of employment or discharge. I understand also that I am required to abide by the rules and regulations of the County.

Signature: _____ Date: _____