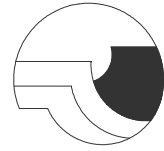


APPLICATION FOR GENERAL EMPLOYMENT

Mesa County Personnel

P.O. Box 20,000, Grand Junction, CO 81501-5021

◆(970)244-1858 ◆ Job Line (970)244-1854 ◆ www.co.mesa.co.us



Application must be completed in full. Please read the affidavit, sign and date the application prior to submitting to Mesa County Personnel.

submit

PERSONAL DATA:

DATE OF APPLICATION: / /

NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip

Social Security #: _____ - _____ - _____ **Home Phone:** (____) _____ **Daytime Phone:**(____) _____
E-Mail: _____

Please check the Department you are applying to: *Community Corrections* *Human Services* *Health* *Other County*

POSITION(S) APPLYING FOR: 1) _____ 2) _____

When are you available to start? _____

Check type of employment desired: Regular Full Time Regular Part Time Other: _____

Check days available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

For which schedules are you available? Weekdays Weekends Evenings Shifts - Hours? _____

Are you legally permitted to work in the United States? Yes No

Have you ever been employed by Mesa County? Yes No **If YES, what Department?** _____

When? _____ **If a relative is employed here, give name:** _____

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

Name, Address and Location of School	Did you graduate?
High School or GED: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University: _____ College Major: _____ Degree: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Dates Attended: _____ To: _____
College or University: _____ College Major: _____ Degree: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Dates Attended: _____ To: _____

RELATED OFFICE EXPERIENCE/SKILLS - (Complete if related to the position you are applying for):

Typing/Keyboarding: Yes No WPM _____

Transcription/Dictaphone: Yes No **Proficient?** Yes No

Ten Key: Yes No **Touch?** Yes No **Sight?** Yes No

Software - Please list all computer software programs that you are familiar with:

Product: _____ Version: _____ Proficiency Level: Beginning Intermediate Advanced

Product: _____ Version: _____ Proficiency Level: Beginning Intermediate Advanced

Product: _____ Version: _____ Proficiency Level: Beginning Intermediate Advanced

Please list all other office equipment that you can use: _____

RELATED TECHNICAL KNOWLEDGE/EXPERIENCE/SKILLS - (Complete if related to the position you are applying for):

Trades/Mechanical: Plumbing Electrical Automotive Carpentry Heavy Equipment Construction Welding
 Horticulture Forestry Drafting CAD Asphalt/Paving Painting Cement Finishing
 Other Equipment/Skills: _____

LICENSES AND CERTIFICATIONS:

Professional/Trade: _____ Level: _____ Issued by: _____ Expires: _____

Professional/Trade: _____ Level: _____ Issued by: _____ Expires: _____

Are you bilingual? Yes No **What language(s)?** 1) _____ 2) _____

If yes, please indicate your competency level for each language indicated above:

	Language #1:		Language #2:	
Speaking	<input type="checkbox"/> Fluent <input type="checkbox"/> Average <input type="checkbox"/> Some Difficulty		<input type="checkbox"/> Fluent <input type="checkbox"/> Average <input type="checkbox"/> Some Difficulty	
Written	<input type="checkbox"/> Fluent <input type="checkbox"/> Average <input type="checkbox"/> Some Difficulty		<input type="checkbox"/> Fluent <input type="checkbox"/> Average <input type="checkbox"/> Some Difficulty	
Understanding	<input type="checkbox"/> Fluent <input type="checkbox"/> Average <input type="checkbox"/> Some Difficulty		<input type="checkbox"/> Fluent <input type="checkbox"/> Average <input type="checkbox"/> Some Difficulty	

DRIVING RECORD - *If the position you are applying for requires a valid driver's license and good driving record, please complete the following:*

Driver's Lic. No.: _____ State Issued: _____ Class: _____ Expiration Date: _____

List all traffic violations or accidents you have had within the past three (3) years:

_____	_____	_____
Violation/Accident	Date Of Occurrence	Status/Disposition
_____	_____	_____
Violation/Accident	Date Of Occurrence	Status/Disposition
_____	_____	_____
Violation/Accident	Date Of Occurrence	Status/Disposition

Has your license ever been suspended or revoked? Yes No If YES, please provide dates of suspension or revocation and explain why this occurred: _____

Please provide any additional information you feel would be helpful in considering you for employment.

WORK RELATED REFERENCES - Include only individuals familiar with your work ability. Do **not** include relatives.

NAME	ADDRESS & PHONE NUMBER	OCCUPATION	YEARS KNOWN
1.			
2.			
3.			

WORK HISTORY/EMPLOYMENT RECORD:

List your complete work history below. Start with your present position and work backwards through your experiences. Please include military service and, if you wish, volunteer work. **Please identify by month and year any period of unemployment of six months or more.** This section must be filled in **completely**. Attach additional sheets, if necessary, and a resume if you desire. **At a minimum, please include job history for the last five (5) years or last seven (7) positions, whichever is greater.** Every effort will be made to contact previous employers, therefore, it is critical that the *correct phone numbers are provided*. **This section must be completed in full whether a resume is included or not.**

CURRENT or MOST RECENT EMPLOYER

Are you currently working for this employer? Yes No

If yes, may we contact? Yes No

Name of Employer _____ Address _____ City, State, Zip Code _____ Telephone (_____) _____	Supervisor(s): _____ Employment Dates: From (mo/yr): _____ / _____ To (mo/yr): _____ / _____ Employment Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary (non-paid)
Title _____	Start \$ _____ Per _____ (Hour, Week, Month, Year) Final \$ _____ Per _____ (Hour, Week, Month, Year)
Duties _____	Reason for Leaving _____
Name of Employer _____ Address _____ City, State, Zip Code _____ Telephone (_____) _____	Supervisor(s): _____ Employment Dates: From (mo/yr): _____ / _____ To (mo/yr): _____ / _____ Employment Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary (non-paid)
Title _____	Start \$ _____ Per _____ (Hour, Week, Month, Year) Final \$ _____ Per _____ (Hour, Week, Month, Year)
Duties _____	Reason for Leaving _____
Name of Employer _____ Address _____ City, State, Zip Code _____ Telephone (_____) _____	Supervisor(s): _____ Employment Dates: From (mo/yr): _____ / _____ To (mo/yr): _____ / _____ Employment Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary (non-paid)
Title _____	Start \$ _____ Per _____ (Hour, Week, Month, Year) Final \$ _____ Per _____ (Hour, Week, Month, Year)
Duties _____	Reason for Leaving _____
Name of Employer _____ Address _____ City, State, Zip Code _____ Telephone (_____) _____	Supervisor(s): _____ Employment Dates: From (mo/yr): _____ / _____ To (mo/yr): _____ / _____ Employment Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary (non-paid)
Title _____	Start \$ _____ Per _____ (Hour, Week, Month, Year) Final \$ _____ Per _____ (Hour, Week, Month, Year)
Duties _____	Reason for Leaving _____

WORK HISTORY/EMPLOYMENT RECORD - Continued:

Name of Employer _____ Address _____ City, State, Zip Code _____ Telephone (_____) _____	Supervisor(s): _____ Employment Dates: From (mo/yr): _____ / _____ To (mo/yr): _____ / _____ Employment Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary (non-paid)
Title _____	Start \$ _____ Per _____ (Hour, Week, Month, Year) Final \$ _____ Per _____ (Hour, Week, Month, Year)
Duties _____	Reason for Leaving _____
Name of Employer _____ Address _____ City, State, Zip Code _____ Telephone (_____) _____	Supervisor(s): _____ Employment Dates: From (mo/yr): _____ / _____ To (mo/yr): _____ / _____ Employment Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary (non-paid)
Title _____	Start \$ _____ Per _____ (Hour, Week, Month, Year) Final \$ _____ Per _____ (Hour, Week, Month, Year)
Duties _____	Reason for Leaving _____
Name of Employer _____ Address _____ City, State, Zip Code _____ Telephone (_____) _____	Supervisor(s): _____ Employment Dates: From (mo/yr): _____ / _____ To (mo/yr): _____ / _____ Employment Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary (non-paid)
Title _____	Start \$ _____ Per _____ (Hour, Week, Month, Year) Final \$ _____ Per _____ (Hour, Week, Month, Year)
Duties _____	Reason for Leaving _____

You may attach additional sheets to include any other related experience.

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I authorize Mesa County to conduct a background investigation pertaining to my suitability for employment which may include a criminal history check. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and if employed, could be cause for termination and this employer shall not be liable in any respect for such action or termination. A photocopy of this document shall be deemed as an original. **I have read, understand, and by my signature, consent to these statements.**

PRINT NAME _____ SIGNATURE _____ DATE _____

PERSONAL INFORMATION QUESTIONNAIRE - Completion of this form is voluntary.

The following information is for government record keeping and reporting purposes. **This form is CONFIDENTIAL and will not be included with your application and will have no bearing upon the process of considering you for employment.**

NAME _____ Social Security #: _____ - _____ - _____

Birth Date ____/____/____
Mo. Day Year

SEX: Male Female

JOB(s) APPLYING FOR: _____ JOB #: _____

_____ JOB #: _____

RACE (Please check one)

- G White - origins in Europe, North Africa or Middle East
- G Asian - origins in Far East, Southeast Asia, India or Pacific Islands
- G Black - origins in Africa
- G Hispanic - origins in Mexico, Puerto Rico, Cuba, Central or South America
- G American Indian - origins in North America, to include Alaska
- G Other

PHYSICAL CONDITION

- G Disabled
- G Not Disabled

VETERAN/U.S. MILITARY STATUS

- G Veteran
- G Non-Veteran

ACTIVE NATIONAL GUARD OR RESERVIST (check one)

- G Yes
- G No

Where did you learn about this position?

G Mesa County Personnel Office

G Other Governmental Agency (Please specify)

G Newspaper (Please specify)

G Other publication (Please specify)

G Friend or Relative

G Academy/School/College (Please specify)

G Internet _____

G Other _____

Today's Date ____/____/____
Month Day Year

Information on this page will not be kept in your applicant file.