

APPLICATION FOR EMPLOYMENT

CHEYENNE COUNTY
P.O. BOX 567
CHEYENNE WELLS, CO 80810

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application			
Last Name	First Name		Middle Name		
Address	P.O. Box	Street	City	State	Zip Code
Telephone Number(s)		Social Security Number (voluntary)			

Best time to contact you at home is..... AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... Yes No

Have you ever been employed with us before?..... Yes No

If Yes, give date.....

Are you currently employed?..... Yes No

May we contact your present employer?..... Yes No

Are you legally eligible for employment in this country?..... Yes No

On what date would you be available to work?.....

Are you available to work: Full Time Part Time Temporary Seasonal

Can you travel if job requires it?..... Yes No

Have you been convicted of a felony within the last 7 years?..... Yes No

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain

EDUCATION

School	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

From	To	Employer	Telephone ()
Job Title		Address	
Supervisor		Nature of work performed/job responsibilities	
Reason for leaving		Hourly Rate/Salary Starting	Final

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ADDITIONAL INFORMATION

Describe any supervisory/administrative history or experience you have had.

Describe any experience you have had with developing and enforcing policy.

State any additional information you feel may be helpful to us in considering your application.

REFERENCES (Do not include family members)

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Signature of Applicant

Date

CRIMINAL BACKGROUND HISTORY CHECK AUTHORIZATION/WAIVER/INDEMNITY

I hereby give Cheyenne County, Colorado the permission to obtain information relating to my criminal history record through the Bureau of Investigation. The criminal history record, as received from the reporting agencies, may include the arrest and convictions data as well as a plea-bargaining and deferred adjudication. I understand that this information will be used, in part to determine my eligibility for an employment/volunteer position with this organization. I understand that I will have an opportunity to view the criminal history, and a procedure is available for clarification, if I dispute the record as received. The information received will remain confidential in that only Cheyenne County, or any potential supervisor, appropriate or applicable, will be party to this information. This information is for internal use only and will not be released to anyone outside of Cheyenne County government.

I, the undersigned, do release, discharge and hold harmless Cheyenne County from all causes of action, suits, liabilities, costs, claims and any related legal fees resulting from investigation of my background.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Print: Last Name _____ First Name _____ M.I. _____

(Maiden Name or Other Names Used)

Present Address _____ How long at this address _____

City/State _____ Zip Code _____

Former Address _____ How long at this address _____

City/State _____ Zip Code _____

Date of Birth _____ Social Security Number _____

Driver's License Number _____ State of Issue _____

Have you ever been convicted of a crime? Yes No

If yes, what was the nature of Offense? _____

Are there any felony charges pending against you? _____

Applicant Signature _____ Date _____