

TELLER COUNTY GOVERNMENT

Application for Employment

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information, sexual orientation, military or veteran status, marital status or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

GENERAL

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 page 3 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 employment? When could you start work? _____

Telephone Number: (home): _____

Last Name _____ First Name _____ Middle Initial _____ (cell): _____

Physical Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different from physical address) _____ City _____ State _____ Zip Code _____

Email address: _____ Best time to contact you: _____

Are you 18 years of age or older? Yes No (If NO and you are hired, you may be required to submit proof of age.)

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

If hired, you will be required to furnish proof of your identity and eligibility to work in the U.S.

Are you able to perform the essential functions listed on the applicable job description? Yes No

(If no, on a separate piece of paper, describe the functions you cannot perform and describe anything the County could do so that you could perform all of the essential functions.)

How did you find out about the job which you are applying for? (Please check one) Newspaper _____ Building Posting _____
Teller County Website _____ Other (specify) _____ (ie. CareerBuilders, etc)

Are you willing to work overtime when/if it is required? Yes No If no, why? _____

Are you a past employee of Teller County? Yes No If yes, provide dates (from) _____ (to) _____ Dept? _____

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." (Exclude minor traffic violations.)
..... Yes No

If yes, give details _____
(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes No

If yes, give details _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 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, genetic information, sexual orientation, military or veteran status, marital status or any other status protected by law or regulation.) _____

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LIST NAME AND ADDRESS OF SCHOOLS

Number of
Years
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Diploma/
Degree/
Certificate

Field of
Study

High School or GED: _____

College or University: (1) _____

College or University: (2) _____

Vocational or Technical: _____

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

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

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List **ALL** employment positions you have held for the past ten (10) years, beginning with your current or most recent job. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Be reminded that resumes may be attached as a supplement to this information, but not as a replacement. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS			
CITY, STATE, ZIP CODE		DATES OF EMPLOYMENT (MO/YR): FROM TO	
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS			
CITY, STATE, ZIP CODE		DATES OF EMPLOYMENT (MO/YR): FROM TO	
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS			
CITY, STATE, ZIP CODE		DATES OF EMPLOYMENT (MO/YR): FROM TO	
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS			
CITY, STATE, ZIP CODE		DATES OF EMPLOYMENT (MO/YR): FROM TO	
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SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	

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

If yes, give names: _____

Are you presently employed? Yes No If yes, may we contact your current employer? Yes No

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

If yes, please explain: _____

Give three references, not relatives or former employers.

Name

Address

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete to the best of my knowledge. I understand that any false information, misrepresentations and/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 may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. 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 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 AND AGREE THAT NEITHER THIS APPLICATION, NOR ANY VERBAL STATEMENTS BY MANAGEMENT, NOR ANY SUBSEQUENT EMPLOYMENT CREATES AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT OR GUARANTEE OF EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. I FURTHER UNDERSTAND AND AGREE THAT THE FIRST SIX (6) MONTHS OF EMPLOYMENT WITH TELLER COUNTY IS CONSIDERED AN INTRODUCTORY PERIOD AND THAT AN ELECTED OFFICIAL/DEPARTMENT HEAD MAY TERMINATE THE SERVICES OF AN INTRODUCTORY EMPLOYEE, WITHOUT CAUSE, IF IT IS DETERMINED THAT A NEW EMPLOYEE IS NOT SUITED TO THE POSITION AND ITS OVERALL RESPONSIBILITIES.

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

Signature: _____ **Date:** _____

This application for employment will remain active for a period of one (1) year from the date of receipt by Teller County Human Resources.

****You may send an electronic copy of your application via email, HOWEVER, our email IS NOT secure.****

Submit completed application, via mail, fax, email or in person to:
Teller County Human Resources 112 North 'A' St., PO Box 959 Cripple Creek, CO 80813

Phone: (719) 689-2988 FAX: (719) 686-7900 email: HR@co.teller.co.us

It is the applicant's responsibility to verify that all documents are received by Human Resources.

Note: Resumes and other pertinent documents may be attached to this application