

“An Equal Opportunity Employer”  
APPLICATION FOR DOLORES COUNTY SENIOR SERVICES EMPLOYMENT  
Dolores County, Colorado

Date \_\_\_\_\_

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Last Name                      First Name                      Middle Name

Present Address \_\_\_\_\_ Telephone \_\_\_\_\_

Position Applied For \_\_\_\_\_

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**PERSONAL INFORMATION**

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?  
\_\_\_\_\_ (Proof of citizenship or immigration status will be required upon employment.)

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**GENERAL INFORMATION**

Do you have a valid driver’s license? \_\_\_\_\_

Have you had any moving traffic violations in the past 3 years? \_\_\_\_\_ If yes, please furnish listing of  
place, date, and nature of violation \_\_\_\_\_

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Have you worked for a previous employer who is covered by the DOT regulations for drug and alcohol testing  
requirements? \_\_\_\_\_

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**EDUCATIONAL RECORD**

(circle grade completed)

Last High School                      9 10 11 12  
College of University \_\_\_\_\_  
Major Field \_\_\_\_\_ Degree \_\_\_\_\_

Additional Educational and/or Vocational Training Information:

Can you perform the essential functions of this job with or without reasonable accommodation? (If you have  
any questions about the functions of the job, please ask the hiring manager before answering this question.)  
YES  NO

EMERGENCY CONTACT INFORMATION:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Give three references, not relatives, whom you have known at least 5 years:

NAME	ADDRESS	PHONE	OCCUPATION
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT RECORD: In this space account for all time for the past 10 years whether working or not. Include military service and any periods of unemployment. Give complete names and addresses. If self-employed, give firm name and one business reference.

EMPLOYED FROM	(GIVE MOST RECENT EMPLOYER FIRST) TO	EMPLOYER'S NAME AND ADDRESS	WHAT DID YOU DO?	REASON FOR LEAVING?
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you presently employed? \_\_\_\_\_ If yes, may we contact your present employer? \_\_\_\_\_

Do you type? \_\_\_\_\_ WPM \_\_\_\_\_

You may attach a resume if you desire.

AFFADAVIT: I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I also authorize the companies, schools, or persons named above to give information regarding my employment, character, and information. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

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Disposition \_\_\_\_\_ Date Employed \_\_\_\_\_ Starting Rate \$ \_\_\_\_\_

Job Classification \_\_\_\_\_ Department \_\_\_\_\_

Interviewed by \_\_\_\_\_

Interviewer's remarks and recommendations \_\_\_\_\_

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Application information checked by Name: \_\_\_\_\_ Date \_\_\_\_\_