

"An Equal Opportunity Employer"
APPLICATION FOR COURTHOUSE EMPLOYMENT
Dolores County, Colorado

_____ Date _____
Last Name First Name Middle Name
Present Address _____ Telephone _____
Position Applied For _____

GENERAL INFORMATION

Are you 18 years of age or older? _____
Do you have a valid driver's license? _____ License # _____
Expiration Date _____
Were you ever employed by Dolores County? _____ When? _____
Are you now or do you expect to be engaged in any other business or employment? _____
If Yes, give nature of business and amount of your time it requires _____

EDUCATIONAL RECORD

Circle grade completed

Last Elementary School 1 2 3 4 5 6 7 8 9

Last High School 10 11 12

College or University _____ Major Field: _____ Degree: _____

Additional Educational and/or Vocational Training Information:

IN AN EMERGENCY, NOTIFY: Name _____ Phone _____
 Address _____

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

NAME	ADDRESS	PHONE	OCCUPATION

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---TO	(GIVE MOST RECENT EMPLOYER FIRST) EMPLOYER'S NAME AND ADDRESS	WHAT DID YOU DO?	SALARY OR WAGE	REASON FOR LEAVING

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

If you are an experienced operator of any office machines, please list _____

Do you type? _____ WPM _____ Do you take hand? _____ WPM _____

You may attach a resume if you desire.

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 whatsoever. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications contained in their records. I hereby release said companies, schools or persons from all liability for any damage for issuing this 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

Disposition _____ Date Employed _____ Starting Rate \$ _____

Job Classification _____ Department _____

Interviewed by _____

Interviewer's remarks and recommendations _____

Application information checked by: Name _____ Date _____