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 High School  9  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    (GIVE MOST RECENT EMPLOYER FIRST)   WHAT DID     REASON FOR
FROM---TO       EMPLOYER'S NAME AND ADDRESS          YOU DO?        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______________

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_________________