

“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? \_\_\_\_\_ License# \_\_\_\_\_  
Expiration Date \_\_\_\_\_

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

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

Have you been convicted of a felony within the last 7 years? \_\_\_\_\_ If yes, please  
explain \_\_\_\_\_

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(Conviction of a felony will not necessarily disqualify applicant from employment.)

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**EDUCATIONAL RECORD**

(circle grade completed)

Last Elementary School                      1 2 3 4 5 6 7 8  
Last High School                                      9 10 11 12  
College of University \_\_\_\_\_  
Major Field \_\_\_\_\_ Degree \_\_\_\_\_  
Additional Educational and/or Vocational Training Information:

APPLICANT'S STATEMENT OF HEALTH-----CONFIDENTIAL

Is there any reason which you know of that would prevent you from performing the duties of this position? \_\_\_\_\_

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.

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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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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