

Application for Employment



Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____
 Name _____ Applicant ID # _____
Last First Middle
 Address _____
Street City State ZIP Code
 Telephone # (____) _____ Cellular/Other # (____) _____ E-mail Address _____
 Referral Source (How did you hear about us?) _____

If you are under 18 and it is required, can you furnish a work permit? Yes No

If **no**, please explain: _____

Have you ever been employed here before? If **yes**, give dates and positions: _____ Yes No

Is this application a request for reemployment following an extended military leave of absence from this company? Yes No
 If **yes**, additional information may be requested.

Are you legally eligible for employment in this country?..... Yes No

Date available for work ____/____/____ What is your desired salary range?.....\$ _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying: _____ State _____

Answering "yes" to either part of the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Employment History

Starting with your most recent employer, provide the following information.

Employer _____ <small>(Telephone #)</small>	Dates employed: _____ <small>Month / Year to Month / Year</small>
Street address _____ <small>City State</small>	
Starting job title/final job title _____	
Immediate supervisor and title (for most recent position held) _____ <small>May we contact for reference?</small> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later Why did you leave? _____ E-mail: _____	
Summarize the type of work performed and job responsibilities. _____	

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Street address _____ <small>City State</small>	
Starting job title/final job title _____	
Immediate supervisor and title (for most recent position held) _____ <small>May we contact for reference?</small> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later Why did you leave? _____ E-mail: _____	
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Immediate supervisor and title (for most recent position held) _____ <small>May we contact for reference?</small> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later Why did you leave? _____ E-mail: _____	
Summarize the type of work performed and job responsibilities. _____	

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing _____	Years: _____	<input type="checkbox"/> E-mail _____	Years: _____
<input type="checkbox"/> Spreadsheet _____	Years: _____	<input type="checkbox"/> Internet _____	Years: _____
<input type="checkbox"/> Presentation _____	Years: _____	<input type="checkbox"/> Other _____	Years: _____

References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Social Security Number

SS# _____ We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____



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Application for Employment (Short Form) #R8-A1064



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Crowley County Sheriff Office
 110 East 6th
 Ordway, Co 81063
 phone: 719-267-5555 Fax: 719-267-3089

AUTHORITY FOR RELEASE OF INFORMATION

Last Name	First Name	Middle Name	Sex	Race	Date of Birth
Place of Birth	City	State	Country	SSN:	

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself, by and to ANY duly authorized agent of the Crowley County Sheriff Office, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and /or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had a interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Crowley County Sheriff Office to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Crowley County Sheriff Office. I understand that all materials pertaining to this background investigation becomes the property of the Crowley County Sheriff Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and sworn before me this

_____ day of _____ 20__

My commission expires _____ 20__

Notary: _____

Signature:	
Street Address:	
City:	
State:	Zip Code:

