

LINCOLN COUNTY JOB APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate on the basis of Race, Color, Religion, National Origin, Sex, Age, or Disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. Please print, except for signature on the back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Date: _____

PERSONAL DATA				
Last Name	First	Middle Initial		
Address (Number and Street)	City	State	Zip	
Mailing Address	City	State	Zip	
Phone Number	Phone Number (message)	Social Security Number		
Position Desired	Salary Expected		Date Available	
Are you either an U.S. Citizen or an alien authorized to work in the United States? Yes_____ No_____				
Are you a veteran? Yes_____ No_____				
Do you have a valid Driver's License?	Number	State	Are you 18 years of age or older?	
EDUCATION				
	Name and Location of School	#of years attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade or Business				
Other				

PLEASE LIST YOUR EMPLOYMENT STARTING WITH YOUR MOST RECENT JOB

WORK HISTORY

Company Name:		Job Title:
Address:		Dates of Employment:
Phone Number:	Supervisor's Name:	Beginning Salary:
Reason for leaving:		Ending Salary:

Duties:

Company Name:		Job Title:
Address:		Dates of Employment:
Phone Number:	Supervisor's Name:	Beginning Salary:
Reason for leaving:		Ending Salary:

Duties:

Company Name:		Job Title:
Address:		Dates of Employment:
Phone Number:	Supervisor's Name:	Beginning Salary:
Reason for leaving:		Ending Salary:

Duties:

OTHER

Have you ever been convicted of a felony? Yes _____ No _____
If Yes, please explain _____

Is there any other information you would like for us to consider? (i.e., Special Courses, Training, or Seminars you've completed Software, Machines or Tools you can operate).

Are you fluent in any other language? Yes _____ No _____

If yes, please explain: _____

Number of years in Lincoln County: _____ Years in Colorado: _____

Provide three references: List name, address and phone number where they may be contacted

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

- 1) I certify that all information that is provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.
- 2) I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employers (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.
- 3) I understand I may be required to successfully pass a drug screen examination. I hereby consent to a post-job offer or pre-employment drug screen as a condition of employment if it's required in the job description for the position for which I am applying
- 4) Do you have any physical or mental conditions that would limit your abilities to perform the essential job functions, with or without accommodation, listed in the job description for the job for which you are applying? Yes _____ No _____
- 5) I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause, and with or without notice.
- 6) I have read, understand and, by my signature, consent to these statements.

Signature: _____

Date: _____