



JACKSON COUNTY ADMINISTRATOR
COUNTY OF JACKSON
WALDEN, COLORADO 80480
(970) 723-4660

JACKSON COUNTY APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: _____

NAME: _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS _____

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER: Yes _____ No _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes _____ No _____

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU CURRENTLY EMPLOYED? _____ IF SO, MAY WE INQUIRE OF
YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO JACKSON COUNTY BEFORE? _____ IF SO, WHERE/WHEN _____

REFERRED BY: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL SKILLS: _____

ACTIVITIES (CIVIC, ATHLETIC, ETC.): _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

US MILITARY SERVICE: _____ RANK: _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES: _____

Do you have any criminal charges currently pending, including felonies; misdemeanors; or any traffic/petty offenses where alcohol or drugs are alleged to be involved? _____

Have you ever been convicted of a felony; a misdemeanor; or any traffic or petty offense involving drugs or alcohol? Please include all of these convictions regardless of date. Conviction means a finding of guilt by a judge or jury; entering a plea of guilty or no contest (nolo contendere) or entering into a deferred sentence where the sentence is still deferred or the case is still pending. _____

This form complies with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991
(Continued on other side)

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM/TO:				
FROM/TO:				
FROM/TO:				
FROM/TO:				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

IN CASE OF EMERGENCY, NOTIFY

NAME ADDRESS PHONE NO.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE; AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COUNTY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME AT EITHER MY OR THE COUNTY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COUNTY. I UNDERSTAND THAT NO COUNTY REPRESENTATIVE, OTHER THAN THE BOARD OF COUNTY COMMISSIONERS/ELECTED OFFICIAL AND THEN ONLY WHEN AUTHORIZED BY THE BOARD OF COUNTY COMMISSIONERS/ELECTED OFFICIAL HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

NOTE: A BACKGROUND CHECK WILL BE CONDUCTED, DEPENDING ON DEPARTMENT, PRIOR TO EMPLOYMENT.

SIGNATURE: _____

DATE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____

DATE: _____ REMARKS: _____

HIRED: _____