

NAME: _____ DATE: _____
Last First M.I.



DELTA COUNTY, COLORADO APPLICATION FOR EMPLOYMENT

ΔΕΛΤΑ - ΚΟΛΟΡΑΔΟ - 81416

DELTA - COLORADO - 81416

PHONE: (970) 874-2100 FAX: (970) 874-2114

We are an Equal Opportunity Employer

INFORMATION AND INSTRUCTIONS

To apply for positions, please download and complete the application in Adobe Reader, then email to humanresources@deltacounty.com along with any additional supporting documents.

THIS APPLICATION FOR EMPLOYMENT IS INTENDED TO BE USED AS AN EVALUATION OF YOUR QUALIFICATIONS AND IS NOT AN EMPLOYMENT CONTRACT. ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY. THE COMPLETE APPLICATION IS THE PRIMARY SOURCE OF INFORMATION FOR MAKING SELECTION DECISIONS. FALSE OR MISLEADING STATEMENTS ON THIS FORM OR IN THE INTERVIEW ARE GROUNDS FOR TERMINATING THE APPLICATION PROCESS OR IF DISCOVERED AFTER EMPLOYMENT, TERMINATING EMPLOYMENT. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF AGE, SEX, MARITAL STATUS, RACE, CREED, NATIONALITY OR THE PRESENCE OF DISABILITIES. YOU MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION AND COMPLETE SUCH EXAMINATIONS AS MAY BE REQUIRED TO DEMONSTRATE THAT YOU ARE CAPABLE OF PERFORMING TASKS WHICH ARE PERTINENT TO THE JOB. IF A JOB IS OFFERED, IT MAY BE CONDITIONAL UPON THE RESULTS OF A PHYSICAL EXAMINATION AND DRUG TEST, VERIFICATION OF PREVIOUS EMPLOYMENT AND REFERENCES, AND A ROUTINE BACKGROUND CHECK INCLUDING CRIMINAL RECORD.

INSTRUCTIONS

1. **DO NOT SUBSTITUTE A RESUME FOR A COMPLETE APPLICATION.** A RESUME IS ENCOURAGED AS A SUPPLEMENT OR ADDENDUM TO THE APPLICATION.
2. PRINT CLEARLY OR USE TYPEWRITER. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.
3. FILING AN APPLICATION DOES NOT ASSURE THAT YOU WILL BE HIRED OR INTERVIEWED.
4. ALL APPLICATIONS MUST BE SIGNED TO CERTIFY THAT ALL STATEMENTS ARE TRUE AND COMPLETE.

A. POSITION DATA

EXACT POSITION YOU ARE APPLYING FOR: _____

DATE YOU CAN START _____ SALARY DESIRED _____

TYPE OF EMPLOYMENT PREFERRED: FULL TIME _____ PART TIME _____ TEMPORARY _____

ARE YOU WILLING TO WORK OVERTIME IF REQUIRED? _____

B. PERSONAL DATA

NAME: _____

CURRENT ADDRESS: _____

If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

TELEPHONE NUMBER: HOME: _____ EMAIL: _____

SOCIAL SECURITY NUMBER (Optional): _____

WHO REFERRED YOU TO THIS POSITION? _____

HAVE YOU EVER OR DO YOU NOW WORK FOR DELTA COUNTY? WHERE _____ WHEN _____

NAME OF SUPERVISOR: _____ REASON FOR LEAVING _____

NAMES AND RELATIONSHIP OF ANY RELATIVES EMPLOYED BY DELTA COUNTY: _____

DO YOU HAVE A CURRENT COLORADO DRIVERS LICENSE? NUMBER _____ TYPE _____ STATE _____ OF
ISSUE _____

ARE YOU PRESENTLY EMPLOYED? _____. IF YES, MAY WE INQUIRE OF YOUR EMPLOYER? _____

HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN INDICATED ON THIS FORM? _____
If so, provide details under Comments - Section F.

C. EDUCATION/TRAINING:

CHECK LAST GRADE COMPLETED: 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

NAME & LOCATION OF LAST HIGH SCHOOL ATTENDED _____

GRADUATED? _____ G.E.D. CERTIFICATE NUMBER: _____ ISSUED BY _____

7C@@; 9#UNIVERSITY 89; F99'95FB98. _____

OTHER SCHOOLS OR TRAINING: (TRADE, VOCATIONAL, BUSINESS,) _____

D. JOB RELATED SKILLS:

LANGUAGES IN WHICH YOU ARE FLUENT? _____

IF THE JOB REQUIRES, DO YOU HAVE THE APPROPRIATE VALID DRIVERS LICENSE? _____

HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST THREE YEARS? _____

LIST ANY SKILLS, LICENSES OR CERTIFICATES THAT MAY BE JOB RELATED OR THAT YOU FEEL WOULD BE VALUABLE TO THE POSITION APPLIED FOR

Attach a separate sheet if needed.

HAVE YOU BEEN GIVEN A JOB DESCRIPTION OR HAD THE REQUIREMENTS OF THE POSITION EXPLAINED TO YOU? _____

DO YOU UNDERSTAND THESE REQUIREMENTS? _____

CAN YOU PERFORM THE REQUIREMENTS OF THE POSITION WITH OR WITHOUT REASONABLE ACCOMMODATION? _____

E. REFERENCES: INCLUDE ONLY INDIVIDUALS FAMILIAR WITH YOUR WORK ABILITY.

NAME	ADDRESS	YEARS KNOWN	RELATIONSHIP	PHONE

F. COMMENTS:

INCLUDE ANY CLARIFICATION ON QUESTIONS ANSWERED ON THIS APPLICATION OR FACTORS THAT MAKE YOU PARTICULARLY SUITED TO THE POSITION
APPLIED FOR OR THAT MAY BE HELPFUL IN CONSIDERING THIS APPLICATION. _____

G. EMPLOYMENT DATA:

ANSWER ALL QUESTIONS IN THIS SECTION. SINCE PAST EMPLOYERS MAY BE CONTACTED, IT IS IMPORTANT THAT THE ADDRESS AND TELEPHONE NUMBERS ARE CORRECT. STARTING WITH THE MOST RECENT EMPLOYERS LIST ALL DUTIES YOU PERFORMED - INCLUDE PART TIME, TEMPORARY AND VOLUNTEER POSITIONS. IF YOU ARE APPLYING FOR A DRIVING POSITION, COMPLETE PAGE NUMBER FOUR.

1. COMPANY NAME	ADDRESS	PHONE NUMBER ()
DATES EMPLOYED FROM TO	JOB TITLE	SUPERVISOR NAME
REASON FOR LEAVING		
DUTIES		
DUTIES		
2. COMPANY NAME	ADDRESS	PHONE NUMBER ()
DATES EMPLOYED FROM TO	JOB TITLE	SUPERVISOR NAME
REASON FOR LEAVING		
DUTIES		
DUTIES		
3. COMPANY NAME	ADDRESS	PHONE NUMBER ()
DATES EMPLOYED FROM TO	JOB TITLE	SUPERVISOR NAME
REASON FOR LEAVING		
DUTIES		
DUTIES		
4. COMPANY NAME	ADDRESS	PHONE NUMBER ()
DATES EMPLOYED FROM TO	JOB TITLE	SUPERVISOR NAME
REASON FOR LEAVING		
DUTIES		
DUTIES		

H. CERTIFICATION AND RELEASE: APPLICANT MUST READ & SIGN

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE APPLICATION. I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS OF FACTS CONTAINED IN THIS APPLICATION MAY RESULT IN REJECTION OF MY APPLICATION OR DISCHARGE AT ANY TIME DURING MY EMPLOYMENT. I CONSENT TO THE RELEASE OF ANY OF THE INFORMATION PROVIDED REGARDING MY ABILITY AND FITNESS FOR EMPLOYMENT BY EMPLOYERS, SCHOOLS, COMPANIES, LAW ENFORCEMENT AGENCIES AND OTHER AUTHORIZED PERSONNEL AND HEREBY RELEASE ANY SAID PERSONS, SCHOOLS, COMPANIES, LAW ENFORCEMENT AUTHORITIES FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING THIS INFORMATION. I ALSO UNDERSTAND THAT THE USE OF ILLEGAL DRUGS IS PROHIBITED DURING EMPLOYMENT. IF DELTA COUNTY POLICY REQUIRES, I AM WILLING TO SUBMIT TO DRUG TESTING TO DETECT THE USE OF ILLEGAL DRUGS PRIOR TO AND DURING EMPLOYMENT. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD, AND THAT I WILL BE SUBJECT TO THE PERSONNEL POLICIES IN EFFECT DURING MY EMPLOYMENT.

I HEREBY CERTIFY THAT THE APPLICATION IS COMPLETE AND THAT THE ANSWERS GIVEN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE**DATE**

ANSWER THE QUESTIONS IN THIS SECTION ONLY IF APPLYING FOR DRIVER POSITION.

DRIVER EXPERIENCE & QUALIFICATION
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Date of Birth: _____ (month/day/year) The U.S. Department of Transportation requires that driver applicants state their date of birth §391.21(b)(2)

LICENSES: - Driver Licenses held in past three (3) years must be shown:

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____
- B. Has any license, permit or privilege ever been suspended or revoked? _____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? _____
- If you answered yes to A, B, C, attach a statement giving details.

DRIVING EXPERIENCE:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROXIMATE TOTAL MILES
		FROM	TO	

List states operated in during last five years: _____

List safe driving awards held and who awards were presented by: _____

List special courses or training that will help you as a driver: _____

ACCIDENT REVIEW FOR PAST THREE (3) YEARS (attach separate sheet of paper if more space is needed)

DATES	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS OTHER THAN PARKING VIOLATIONS

LOCATION	DATE	CHARGE	PENALTY

EMPLOYMENT RECORDS

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July, 1987, they must also show commercial driver employment for the seven years immediately preceding this three year period. §391.21(b)(10)(11). Please provide this information in Section E. (Employment Data) of this application.



Equal Employment Opportunity EEO

Voluntary Self Identification Form (Applicant) - For EEO-4 Reporting

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-4 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-4 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires Delta County to determine this information by visual survey and/or other available information.

NAME _____

JOB APPLYING FOR _____

DATE COMPLETED _____

GENDER:

(Please check one of the options below)

- ☐ Male
- ☐ Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify)

- ☐ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ☐ White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- ☐ Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- ☐ Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- ☐ Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- ☐ Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.