



Date: _____

Position applied for _____

Type of employment that you are seeking: Full-time Part-time Temporary

List days of work that you would be available: _____

Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

Telephone: Home: _____ Work: _____ Other: _____

Cell: _____ Pager: _____

May we contact you at your place of employment? Yes No

E-mail Address: _____

IMPORTANT INFORMATION AND INSTRUCTIONS

We appreciate your interest in employment. The completion of this application represents your ability to provide written communication and to follow directions. Your completed application is the primary source of information for making selections for interviews.

1. A separate application must be submitted for each announced opening.
2. Applications must be received by the close of business on the announced closing date. Late applications will be rejected.
3. Do not substitute a resume in lieu of the employment application. Resumes are invited but will be accepted only as a supplement to the application.
4. Print clearly or type. Incomplete or illegible applications will not be processed.
5. Notify the Human Resources Office of any change in your telephone number or availability. Failure to do so may result in the removal of your application from further consideration.
6. All applications must be signed to certify that all statements are true and complete.
7. If you are hired for any position, Federal law requires that you provide proof of your eligibility to work in the United States within 72 hours of your hire date. Failure to provide such eligibility will void the offer of employment.

GENERAL

1. If hired, can you furnish proof you are eligible to work in the U.S.? Yes No
If not, please explain _____
 2. Are you 18 years of age or older? Yes No
(If you are hired, you may be required to submit proof of age.)
 3. Have you *applied* for a position with Gilpin County within the last year? Yes No
If yes, what position(s) _____
 4. Do you have any relatives working for Gilpin County? Yes No
If yes, who and in what department(s) _____
- Have you been convicted of a crime, **excluding** misdemeanors and petty offenses in the past ten (10) years which has not been annulled, expunged or sealed by Court? Yes No
If yes, give particulars _____
(A conviction record will not necessarily be a bar to employment. Factors such as age at the time of the conviction, the nature and seriousness of the violation, rehabilitation and the effect on performance of the job for which you are applying will be taken into consideration.)
5. For jobs requiring a driver's license, please provide the following information:
State _____ Class _____ Number _____ Expiration Date _____
 6. Are you currently aware of any limitation that would prevent you from performing the functions of the job you are applying for with or without accommodation? Yes No
If yes, please explain _____

Mail or Fax Employment Application to:

Human Resources, P.O. Box 366, Central City, CO 80427 (physical address: 495 Apex Valley Rd, Black Hawk, CO 80422)
Phone: (303) 951-3673 Fax: (303) 951-3675

PAST EMPLOYMENT INFORMATION. We must have accurate and complete information on previous job tasks and levels of responsibility, as your work experience is an important factor in evaluating your qualifications. List names of employers in consecutive order with present or most recent employer listed FIRST for the last ten (10) years. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and business references. Attach additional sheets using the same format as needed.

Name of Employer _____
Address _____ Telephone No. _____
City _____ State _____ Zip _____
Employed from _____ to _____ Your job title _____
Pay: Start _____ Final _____ Immediate Supervisor _____
Duties _____

Reason for leaving or seeking other employment _____

Name of Employer _____
Address _____ Telephone No. _____
City _____ State _____ Zip _____
Employed from _____ to _____ Your job title _____
Pay: Start _____ Final _____ Immediate Supervisor _____
Duties _____

Reason for leaving or seeking other employment _____

Name of Employer _____
Address _____ Telephone No. _____
City _____ State _____ Zip _____
Employed from _____ to _____ Your job title _____
Pay: Start _____ Final _____ Immediate Supervisor _____
Duties _____

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Employed from _____ to _____ Your job title _____
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Employed from _____ to _____ Your job title _____
Pay: Start _____ Final _____ Immediate Supervisor _____
Duties _____

Reason for leaving or seeking other employment _____

EDUCATION

School	Name and Address	Course of Study	Years Completed Degree Received	Graduation Date
High School or GED			Circle last year completed 9 10 11 12 GED	
College or University				
College or University				
Vocational or Technical Training				
Vocational or Technical Training				

SPECIAL SKILLS

1. What skills or additional training do you have that are related to the job for which you are applying (including computer skills)?

2. What machines or equipment can you operate that are related to the job for which you are applying? _____

3. List professional, trade, business or civic activities and offices held.
(Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age or other protected status.)

4. Have you worked or attended school under any other names? Yes No

If yes, give name(s): _____

REFERENCES

List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the position for which you are applying. Do not repeat names of supervisors listed under work history.

Full Name	Address	Occupation	Phone Number

AFFIDAVIT, CONSENT AND RELEASE
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information 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.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations 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.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED 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 REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active a limited time.

For Administrative Use Only



Permission for Release of Records

Record information available at Drivers License offices and 1881 Pierce St.
All other requests available only at 1881 Pierce St., Lakewood, CO.

I hereby authorize the release of records maintained by the Colorado Department of Revenue, Motor Vehicle Division pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (42-72-204, 42-1-206, 42-3-125 CRS).

Printed Name: _____

Signature: _____ Date: _____

Date of Birth: _____

Driver's License Number: _____ Type: _____ State: _____

Purpose for which records are released: PRE-EMPLOYMENT CHECK

Requestor's Name: Lorrie Ray _____

Company: Mountain States Employers Council _____

Address: 1799 Pennsylvania Street _____

City: Denver _____ State: Colorado _____ Zip code: 80201 _____

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION
DISCLOSURE

As an applicant for employment or a current employee of Gilpin County, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, Gilpin County may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a *consumer reporting agency* is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as Gilpin County.

A *consumer report* means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An *investigative consumer report* means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize Gilpin County to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at Gilpin County. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above. This report may be delivered in either written or electronic form.

Signature

Date

Social Security #

Date of Birth