



Gilpin County CDL Employment Application

Date of application: _____ CDL Position applied for: _____
Type of employment that you are seeking: Full-time Part-time Temporary List days available for work: _____
Name: _____ Social Security Number: _____
Mailing Address*: _____ City _____ State _____ Zip _____
*If at the above address less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street	City	State	Zip
Street	City	State	Zip

Telephone: Home: _____ Work: _____ Cell: _____ Pager: _____ Other: _____
May we contact you at your place of employment? Yes No Email 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 3 business days of your hire date. Failure to provide such eligibility will void the offer of employment.

GENERAL

1. Are you 18 years of age or older? Yes No
(If you are hired, you may be required to submit proof of age.)
2. Have you *applied* for a position with Gilpin County within the last year? Yes No
If yes, what position(s)

3. Do you have any relatives working for Gilpin County? Yes No
If yes, who and in what department(s)

4. 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.)

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 ~ Gilpin County Website <http://co.gilpin.co.us>

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 _____

Were you subject to the FMCSRs¹ while employed? YES NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO

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 _____

Were you subject to the FMCSRs¹ while employed? YES NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO

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 _____

Were you subject to the FMCSRs¹ while employed? YES NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO

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 _____

Were you subject to the FMCSRs¹ while employed? YES NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO

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 _____

Were you subject to the FMCSRs¹ while employed? YES NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO

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 _____

Were you subject to the FMCSRs¹ while employed? YES NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO

¹The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391-23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information

Signature: _____

Date: _____

Print Name: _____

The U.S. Department of Transportation requires that driver applicants state their date of birth (§391.21(b)(2)).

Date of Birth: _____
month/day/year

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				
Vocational or Technical Training				
Vocational or Technical Training				

DRIVER EXPERIENCE & QUALIFICATION LICENSES

Driver's Licenses held in past 3 years must be shown.	State	License No.	Class	Endorsement(s)	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ____ No ____

B. Has any license, permit or privilege ever been suspended or revoked? Yes ____ No ____

If you answered "yes" to A or B attach a statement giving details.

DRIVING EXPERIENCE Check Yes or No

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT		DATES		APPROX. NO OF MILES (TOTAL)
	FROM(M/Y)	TO (M/Y)			
STRAIGHT TRUCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS	<input type="checkbox"/> YES	<input type="checkbox"/> NO More than 8 passengers	—		
MOTORCOACH - SCHOOL BUS	<input type="checkbox"/> YES	<input type="checkbox"/> NO More than 15 passengers	—		
OTHER					

ACCIDENT RECORD for past 3 years (Attach separate sheet of paper if more space is needed.)

Dates	Nature of Accident (Head-on, rear end, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES for the past 3 years (other than parking violations)

If none, write none. (Attach separate sheet of paper if more space is needed.)

Location	Date	Charge	Penalty

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? (i.e. grader, backhoe, roller, etc.)

3. 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. "References provided upon request" will not be accepted.

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.

It is agreed and understood that Gilpin County or the County's agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of furnishing such information. It is also agreed and understood that under the Fair Credit Reporting Act; Public Law 91-508, I have been told that this investigation may include investigating Consumer Report, including information regarding my character, general reputation, person characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this application for Qualification in no way obligates Gilpin County to employ the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

It is agreed that the applicant has the right to review information provided by previous employers, also the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.

It is agreed that applicant has the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation regulated employment history investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment.

The Driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA (Federal Motor Carrier Safety Administration).

I understand I may be required to successfully pass a pre-employment drug screen and pre-employment physical. I hereby consent to a pre-employment drug screen and physical as a condition of employment, if required.

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 for a limited time.

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

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 REGARDING BACKGROUND INVESTIGATION

As an applicant for employment or a current employee of **Gilpin County**, you are a consumer with rights under the Fair Credit Reporting Act. In the event 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.

Our *consumer reporting agency* is Mountain States Employers Council, Inc. at PO Box 539, Denver, CO 80201, toll free 800.884.1328, which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer 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 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.

FOR COUNTY POSITIONS REQUIRING A FINGERPRINT BASED BACKGROUND CHECK, YOUR FINGERPRINTS WILL BE USED TO CHECK THE CRIMINAL HISTORY RECORDS OF THE FBI.

NOTE: Please send Page 1 and 2 of FCRA Disclosure & Authorization to MSEC when submitting a screening order.

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents.

Gilpin County ("the Company") may obtain information about you for employment purposes from the following consumer reporting agency ("the Agency"), Mountain States Employers Council, Inc., PO Box 539, Denver, CO 80201, toll free 800-884-1328.

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.

I voluntarily authorize all persons, including current and former employers and supervisors, educational institutions, law enforcement agencies, motor vehicle departments, and municipal, state, and federal courts to release information they may have about me to **Gilpin County**. I understand that if I am employed by **Gilpin County**, this authorization shall remain in effect throughout my employment. This report and any consumer notices may be delivered in either written or electronic form.

California applicants or employees only:

Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. By signing below you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Massachusetts, and New Jersey applicants or employees only:

You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

Minnesota applicants or employees only:

You have the right, upon written request to the Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. The Agency must make this disclosure within five days of receipt of your request or of the Company's request for the report, whichever is later. Please check the box if you would like to receive a copy of a consumer report if one is obtained by the Company.

New York applicants or employees only:

You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oklahoma applicants or employees only:

Please check this box if you would like to receive a copy of any report if one is obtained by the Company.

Pennsylvania applicants or employees only:

By signing below you acknowledge that consideration of a criminal record will be tailored to the requirements of the job.

Washington applicants or employees only:

You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

Signature

Date

Printed Name

Email Address

Social Security Number

Date of Birth

NOTE: Please send Page 1 and 2 of FCRA Disclosure & Authorization to MSEC when submitting a screening order.