



# Elbert County Government Employment Application

Position Applying For: \_\_\_\_\_

Date: \_\_\_\_\_

Last Name:	First Name:	Middle Initial:
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Street Address:	City:
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State:	Zip:	County:
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Contact Number: \_\_\_\_\_

The successful applicant will be required to sign a release for background check and may be tested or asked to take a physical screening from the County's designated physician with reference to the job description for the open position. The County will check your driving record to verify possession of a valid driver's license. Elbert County is an EOE and does not discriminate against any person in recruitment, examination, appointment, training, promotion, retention or any other personnel action, because of political or religious opinions or affiliations or because of race, color, national origin, sex, age, disability or other non-merit factors. The County does give preference to current County Employees when applicants are otherwise equally qualified. Applications may be subject to Colorado Open Records Act with personal information redacted.

Have you ever been employed with Elbert County Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when: _____	
Do you have family or friends that work for Elbert County Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name(s): _____	

May we contact your present employer NOW regarding your qualifications, character, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been fired or asked to resign from any job during the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been found guilty of any law violations other than parking tickets or juvenile offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Give details below: (records do not cause automatic disqualification but are reviewed as related to the position applied for).	

**Licenses:**

Type: \_\_\_\_\_ Issued By: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Number: \_\_\_\_\_

Profession or Trade: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Other: \_\_\_\_\_

Complete this section only if you served in the US Armed Forces:

Branch of Service: \_\_\_\_\_

Honorable discharge    Yes    No

Period of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

**EMPLOYMENT HISTORY AND EDUCATION**

**Complete ALL sections** of education and employment for last three employers and ten years of employment beginning with the most recent employer first. You may also attach a resume in addition to completing this form.

Employer Name:	
Employer Address:	
Supervisor's Name & Phone #:	
Employment Dates:	FROM: _____ TO: _____
Salary:	\$ _____ WK/MO/YR
Average Hours Worked:	_____
Why Did You Leave:	
Job Duties:	

Employer Name:	
Employer Address:	
Supervisor's Name & Phone #:	
Employment Dates:	FROM: _____ TO: _____
Salary:	\$ _____ WK/MO/YR
Average Hours Worked:	_____
Why Did You Leave:	
Job Duties:	

Employer Name:	
Employer Address:	
Supervisor's Name & Phone #:	
Employment Dates:	FROM: _____ TO: _____
Salary:	\$ _____ WK/MO/YR
Average Hours Worked:	_____
Why Did You Leave:	
Job Duties:	

EDUCATION			
GED Certificate:	Number:	Date:	Place Test Taken:
High School:	Address:	Years Completed:	Courses Taken:
College:	Address:	Degree Received:	Major:
Business/Trade:	Address:	Certificate Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N Type:	Courses Taken:
Other:	Address:	Degree/Certificate Rec'd <input type="checkbox"/> Y <input type="checkbox"/> N	Courses/Degree:

**NOTICE:** Elbert County Government will request a release to perform a background check and may be required by law to perform drug tests on a new or potential employee. Employees of Elbert County that are required by law to maintain a commercial driver's license or are in a safety sensitive position will also be required to participate in a random drug and alcohol testing program.

**AUTHORIZATION AND CERTIFICATION:**

I authorize Elbert County, at the time of my application for employment or during the course of employment, to obtain information from any source as to my education, experience, character, medical history, financial or credit record as it relates to the position for which I am being considered, or which I may be employed, if I am a successful applicant.

I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may remove my name from the eligible list or, if I have been appointed cause my dismissal from this position. I also agree that all statements made on this application may be investigated.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Elbert County Government  
P.O. Box 7, 215 Comanche St., Kiowa, CO 80117  
303-621-3150 Office, 303-621-2343 Fax