



**SOUTH PARK-PARK AND
RECREATION DISTRICT**
P.O. Box 1075, Fairplay, CO 80440
719-836-2203

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Park County does not discriminate on the basis of race, color, creed, religion, national origin, age, sex, disability, veteran status or political affiliation. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job related factors.

Please PRINT all information. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application form. You must submit a separate application for each position for which you are applying. Resumes may be included with the completed application. The applicant is required to sign and date the last page of this application. Please read carefully, sign and date the Affidavit on the last page of this application.

JOB APPLIED FOR: _____ DATE: _____

WHEN ARE YOU AVAILABLE? _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Init: _____

Address: _____
Street City State Zip

Mailing Address: _____
(If different from above) Street City State Zip

Telephone Number: _____
Home Other (Business or Message)

Social Security Number: _____

MILITARY INFORMATION

Active Duty Service From _____ to _____

Branch of Service: _____

Service Duties: _____

Are you a member of a Reserve organization? _____

GENERAL INFORMATION

1. Are you at least 18 years of age? Yes ___ No ___
2. If required, are you willing to submit to a pre-employment drug test, physical exam, and background investigation? Yes ___ No ___
3. Have you ever been convicted of a felony? If yes, list dates, location, and resolution of each below. Yes ___ No ___
4. Have you ever applied for a position with Park County? If yes, list when and for what position: _____ Yes ___ No ___
5. Do you have any relatives currently employed by Park County? If yes, list the name(s), relationship(s), and department(s) below. Yes ___ No ___
6. Have you previously worked for Park County? If yes, list when and for what position: _____ Yes ___ No ___
7. If required of the position, do you have a valid driver's license? If so, list the state where issued and class of license: _____ Yes ___ No ___
8. Are you now or do you expect to be engaged in any other business or employment? If yes, please explain below. Yes ___ No ___
9. Have you missed any work during the past six months? If yes, please explain: _____ Yes ___ No ___
10. Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable us to check your work record? Yes ___ No ___
11. Are you presently employed? Yes ___ No ___
May we contact your employer? Yes ___ No ___

Please indicate the item number above to which the following further detailed explanation applies:

EDUCATION

High School Diploma or GED? Yes ___ No ___ Where? _____

Type of School	School Name/Location	Number of Years Attended	Did You Graduate?	Degree/Major
Undergraduate:	_____	_____	_____	_____
Graduate:	_____	_____	_____	_____
Vocational or Technical:	_____	_____	_____	_____
Other Training:	_____	_____	_____	_____

EMPLOYMENT HISTORY

List names of employers in consecutive order with current or most recent employer listed first. If you have held more than one position for the same employer, list each position separately. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Attach additional pages if more space is necessary. Please give MONTH/YEAR.

Current Employer/Last Employer

Name: _____

Address: _____

Phone No. _____ May we contact Employer? Yes _____ No _____

Employed From _____ to _____ Supervisor's Name: _____

Job Title: _____ Beginning Wage: _____ Ending Wage: _____

Description of Job Duties: _____

Reason for Leaving: _____

Previous Employer

Name: _____

Address: _____

Phone No. _____ May we contact Employer? Yes _____ No _____

Employed From _____ to _____ Supervisor's Name: _____

Job Title: _____ Beginning Wage: _____ Ending Wage: _____

Description of Job Duties: _____

Reason for Leaving: _____

Previous Employer

Name: _____

Address: _____

Phone No. _____ May we contact Employer? Yes _____ No _____

Employed From _____ to _____ Supervisor's Name: _____

Job Title: _____ Beginning Wage: _____ Ending Wage: _____

Description of Job Duties: _____

Reason for Leaving: _____

SPECIAL SKILLS, EXPERIENCE, AND QUALIFICATIONS

Computer Software: _____

Computer Hardware: _____

Office Equipment or Machinery: _____

Professional Licenses or Certifications: _____

PROFESSIONAL REFERENCES

Give three references, not relatives or former employers:

Name	Address	Telephone	Length and Type of Relationship

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools and persons named above from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and was made by me without any reservation. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I understand that if employed, I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of termination.

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

Signature: _____

Date: _____