



Fremont County

Office of Human Resources

615 Macon Ave, Suite 106
 Canon City, Colorado 81212
 Phone: (719) 276-7410
 Fax: (719) 276-7412
 www.fremontco.com

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex (including pregnancy), national origin, age, disability or veteran status. You must complete a separate application for each job posting you are applying for. **Applications will only be accepted for current job postings or pre-testing requirements.**

(PLEASE PRINT)

Position Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other	

Last Name	First Name	Middle Name	
Address	Apt.	City	State
Zip	Telephone Number(s)		Email Address
Social Security Number			

Are you currently employed by Fremont County Government..... Yes No

If you are under eighteen (18) years of age, can you provide proof of your eligibility to work? Yes No NA

Have you ever filed an application with us before? If Yes, give date _____ Yes No

Have you ever been employed with us before? If Yes, give date _____ Yes No

Are you currently employed?..... Yes No

May we contact your present employer prior to any job offer?..... Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
 (Proof of citizenship or immigration status will be required upon employment)..... Yes No

On what date would you be available for work?..... _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?..... Yes No

Can you travel if the job requires it?..... Yes No

Have you been convicted of a felony within the last seven (7) years? (Conviction will not necessarily
 disqualify you from employment)..... Yes No

If yes, please explain _____

Are you related to, married to, or planning on marrying anyone who works for the County? Yes No

If so, whom? _____

EDUCATION				
	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
Junior High School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

(All college or university work claimed for meeting job requirements must be supported by official or unofficial transcripts, or a copy of the degree.)

Language, Certificates, Licensures, Specialized Training

Indicate Any Foreign Languages You Can Speak, Read and/or Write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship skills, and/or professional certificates/licenses.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Starting with your present or last job, include any job-related military assignments and volunteer activities, and clearly describe the tasks you performed or job responsibilities as they relate to the job for which you are applying. You are welcome to attach a current resume in addition to completing the Employment Section.

1.	Employer		Dates Employed		Tasks or Job Responsibilities you performed.
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason For Leaving		# Of Hours Per Week			
2.	Employer		Dates Employed		Tasks or Job Responsibilities you performed.
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason For Leaving		# Of Hours Per Week			

EMPLOYMENT EXPERIENCE (continued)

3.	Employer		Dates Employed		Tasks or Job Responsibilities you performed.
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason For Leaving		# Of Hours Per Week		

4.	Employer		Dates Employed		Tasks or Job Responsibilities you performed.
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason For Leaving		# Of Hours Per Week		

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

Professional or Personal References:

Name		Name		Name	
Personal	Professional	Personal	Professional	Personal	Professional
Address		Address		Address	
Email Address		Email Address		Email Address	
City	State	City	State	City	State
Phone Number(s)		Phone Number(s)		Phone Number(s)	

Specialized Skills – Check Skills

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Computer |
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Fax |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Spreadsheet |
| <input type="checkbox"/> Word Processing | |
| <input type="checkbox"/> Other _____ | |

List Any Equipment Operated

Driver's License Number if essential function of the job.	State	Type
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State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S SIGNATURE

Signature required (read before signing):

By signing this application for employment, I certify I have truthfully and completely answered all questions. I understand falsification of any of the information given herein, on any other employment form, or during the interview is grounds for immediate termination, regardless of when such falsification may be discovered.

I expressly authorize, without reservation, Fremont County, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

Further, I understand employment will be contingent upon successfully passing a post offer, pre-employment drug screening or other required test for safety-sensitive positions. I understand my employment with Fremont County is for no definite length of time and does not have any contractual rights. I understand my employment may be terminated, with or without cause, during my initial period of evaluation which is 12 months for the Department of Human Services and Sheriff Offices; and 6 months for all other positions. I understand no employee or representative of Fremont County has any authority to make any agreement contrary to the foregoing statements. If accepted for employment, I agree to comply with all of Fremont County's policies and procedures, and with all rules and regulations made known to me at the time of employment or any other time thereafter, and to perform all duties assigned to me as required by my supervisor. **I understand all applications are specific to a job posting (in some cases, group-specific for pre-testing purposes) and will not remain active.** Another application must be completed and submitted for any other job postings by Fremont County.

I certify I have read, fully understand and accept all terms of the foregoing statement.

Signature of Applicant _____ Date _____

**DUE TO THE LARGE VOLUME OF APPLICATIONS RECEIVED,
YOU WILL ONLY BE CONTACTED IF YOU ARE SELECTED FOR AN INTERVIEW**

FOR DEPARTMENTAL USE ONLY	
Arrange Interview <input type="checkbox"/> Yes <input type="checkbox"/> No	Accept <input type="checkbox"/> Reject <input type="checkbox"/>
Remarks:	By _____ Date: _____
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Hire: _____
Job Title:	
Hourly/Salary Rate:	
Approved by:	
Date:	

The original of this application must be returned to the Personnel Department for filing purposes.