

Conejos County Human Resources  
6683 County Rd. 13  
PO Box 157  
Conejos, CO 81129  
719-376-6799  
conejoscounty.colorado.gov

## Conejos County Application For Employment

**Please check department/area of interest:** Ambulance  Assessor's Office   
Administration  Clerk & Recorder's Office  Department of Social Services  Land Use Office   
Public Health Personal Care Providers  Public Health  Road & Bridge   
Sheriff's Office Patrol  Jail  Treasurer's Office  Facilities/Maintenance/Custodial

Position applying for if known: \_\_\_\_\_

**“An Equal Opportunity Employer”**

***Instructions:*** Please print, write or type all information clearly. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name and the position title. You may also attach copies of documents or certificates, which support your application. All materials submitted become the property of Conejos County and will not be returned. All statements made on this application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. I understand an employment offer is contingent upon successful completion of a pre-employment alcohol/drug test, physical, review of work references, and background check.

Name \_\_\_\_\_  
Last Name First Name MI

Social Security Number last 4 digits \_\_\_\_\_

Cell Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_

Present Mailing  
Address: \_\_\_\_\_  
Street City State Zip

Physical  
Address: \_\_\_\_\_  
Street City State Zip

E-mail Address: \_\_\_\_\_

**EMPLOYMENT HISTORY:** The information you provide, in addition to education, will be used to determine if you meet the minimum qualifications, and in some cases, placement on the eligibility list for the position you are seeking. Give a complete record including part-time work and volunteer experience and indicate number of hours worked weekly. Indicate date, month and year beginning and ending for each position held and a thorough description of duties performed for each. Start with your current or most recent employer. You may attach a separate sheet for additional information.

<b>Employer:</b>		<b>Description of your work:</b>	
<b>Address:</b>			
<b>Telephone:</b> <b>Full Time</b> <input type="checkbox"/> <b>Part Time</b> <input type="checkbox"/>			
<b>Position Title:</b>	<b>Number and type of people you supervised:</b>	<b>From:</b> <b>Dates</b>	<b>To:</b>
<b>Supervisor's name and title:</b>		<b>Reason for changing employment:</b>	<b>May we contact your present employer?</b>
<b>Employer:</b>		<b>Description of your work:</b>	
<b>Address:</b>			
<b>Telephone:</b> <b>Full Time</b> <input type="checkbox"/> <b>Part Time</b> <input type="checkbox"/>			
<b>Position Title:</b>	<b>Number and type of people you supervised:</b>	<b>From:</b> <b>Dates</b>	<b>To:</b>
<b>Supervisor's name and title:</b>		<b>Reason for changing employment:</b>	<b>May we contact this employer?</b>
<b>Employer:</b>		<b>Description of your work:</b>	
<b>Address:</b>			
<b>Telephone:</b> <b>Full Time</b> <input type="checkbox"/> <b>Part Time</b> <input type="checkbox"/>			
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<b>Address:</b>			
<b>Telephone:</b>		<b>Full Time</b> <input type="checkbox"/> <b>Part Time</b> <input type="checkbox"/>	
<b>Position Title:</b>	<b>Number and type of people you supervised:</b>	<b>From:      Dates</b>	<b>To:</b>
<b>Supervisor's name and title:</b>	<b>Reason for changing employment:</b>	<b>May we contact this employer?</b>	

*Additional Employment information:* State briefly any accomplishments, hobbies, skills, scholastic honors, interests, or experiences that you would like noted. Attach additional sheets if necessary.

<b>What is the Highest Grade You Have Completed?</b> Choose from Options Below	<b>Do you have a GED or equivalency certificate?</b>											
<table> <tr> <td><b>High School</b></td> <td><b>College</b></td> <td><b>Graduate</b></td> <td><b>Ph. D.</b></td> </tr> <tr> <td>9 10 11 12</td> <td>1 2 3 4</td> <td>1 2 3</td> <td>4</td> </tr> </table>	<b>High School</b>	<b>College</b>	<b>Graduate</b>	<b>Ph. D.</b>	9 10 11 12	1 2 3 4	1 2 3	4	<table> <tr> <td><b>YES</b></td> <td><b>or</b></td> <td><b>NO</b></td> </tr> </table>	<b>YES</b>	<b>or</b>	<b>NO</b>
<b>High School</b>	<b>College</b>	<b>Graduate</b>	<b>Ph. D.</b>									
9 10 11 12	1 2 3 4	1 2 3	4									
<b>YES</b>	<b>or</b>	<b>NO</b>										

	<b>School Name and Location</b>	<b>Degree Awarded (BA, MB, PHD)</b>	<b>Credit Hours</b>	<b>Major Subject</b>
<b>High School Or GED</b>				
<b>College Or University Graduate</b>				
<b>Other Education (Trade or Business)</b>				

Are you studying now? \_\_\_\_\_ If so where? \_\_\_\_\_  
**Courses:** \_\_\_\_\_ **School and Location** \_\_\_\_\_

<b>Military Service:</b>	<b>Describe Primary Duties:</b>
<b>Date of Service</b> _____ <b>From</b> _____ <b>To</b> _____	
<b>Branch:</b> _____	
<b>Type of Discharge:</b> _____	

References: List Three (3) professional or personal references who are not relatives or former employers

Name and Occupation	Address	Telephone Number	Personal or Professional

*Conejos County is an Equal Employment Opportunity Employer. All persons are afforded equal opportunity in every area of hiring and employment without regard to race, color, religion, age, sex, sexual orientation, gender identity, national origin, marital status, disability, handicap, veteran's status or any other legally protected status recognized by Federal Law, State Law, County Ordinance, and County Executive Order.*

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<p>Have you ever worked for the Conejos County Board of Commissioners?</p> <p>Yes _____ No _____</p>	<p>Lowest Acceptable Salary:</p>
<p>If yes, please give date(s) of employment and department:</p>	<p>When are you available to begin work, if selected for employment?</p>

<p>Are you related to a county employee or is any member of your household employed by the Conejos County Board of Commissioners?</p> <p>Yes _____ No _____</p>	<p>Since your 18<sup>th</sup> birthday, have you been convicted of any violation of the law other than a minor traffic offense?</p> <p>Yes _____ No _____</p>
<p>If yes, please give person's</p> <p>Name:</p> <p>Relationship to you:</p> <p>Employing Department:</p>	<p>Note: A conviction does not automatically mean you cannot be employed by the county. The nature of the offense, how long ago it occurred, etc. are given consideration.</p> <p>If yes, please give</p> <p>Nature of Offense:</p> <p>Name and location of court:</p> <p>Disposition of case:</p> <p>Date:</p>

**How did you hear about this opening?**

- Relative**
- Employment Agency**
- Friend (Name of Friend):** \_\_\_\_\_
- Employee referral (Name of Employee):** \_\_\_\_\_
- Newspaper**
- County Web Site**
- Other**

**Please Read Carefully:**

**I hereby certify that the answers given by me to the foregoing questions and the statements made by me are full and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of fact in this application or any supplements thereto, is cause for rejection of my application or discharge at any time during my employment. I voluntarily authorize my former employers, schools, and persons named herein to give information regarding me. I understand that if I am hired by Conejos County Government, the County shall require verification of my identity and eligibility for employment in the United States. I hereby release said organization from any liability to claim whatsoever for issuing this information. I also permit the County to conduct a police records investigation of my background if required for the position for which I am applying.**

**I understand that as a condition of employment, I may be required to pass the County's employment physical, drug screening and any further medical/psychological examinations(s) required by the County.**

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**Applicant's Signature**

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**Date**

**\*SIGNATURE/DATE FIELD REQUIRED\***