

# APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

## PERSONAL INFORMATION

NAME:

LAST

FIRST

M.I.

SOCIAL SECURITY NUMBER:

PRESENT ADDRESS:

STREET

CITY

STATE

ZIP

ARE YOU 18 YEARS OR OLDER?  Yes  No

PHONE: (     )

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS?  Yes  No  
IF YES, DESCRIBE:

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?  Yes  No

## EMPLOYMENT DESIRED

POSITION FOR WHICH YOU ARE APPLYING:

DATE YOU CAN START:

WHO REFERRED YOU?  Workforce Center  Larimer County Department of Human Services  Other \_\_\_\_\_

## EDUCATION

SCHOOL LEVEL	NAME & SCHOOL LOCATION	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE
HIGH SCHOOL OR GED			
COLLEGE OR UNIVERSITY			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

SPECIAL TRAINING:

SPECIAL SKILLS:

LANGUAGE SKILLS IF APPLICABLE TO POSITION FOR WHICH YOU ARE APPLYING:

**REFERENCES:** (List below the names of two persons not related to you, whom you have known at least one year.)

NAME	ADDRESS	PHONE

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**FORMER EMPLOYERS** (List below your last three employers, starting with the most recent.)

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NAME AND ADDRESS OF PRESENT/LAST EMPLOYER:

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START DATE: MONTH YEAR LEAVE DATE: MONTH YEAR

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STARTING SALARY: \$ PER ENDING SALARY: \$ PER

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JOB TITLE: MAY WE CONTACT YOUR SUPERVISOR?  Yes  No

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NAME AND TITLE OF SUPERVISOR: PHONE: ( )

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DESCRIPTION OF WORK:

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REASON FOR LEAVING:

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NAME AND ADDRESS OF PRESENT/LAST EMPLOYER:

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START DATE: MONTH YEAR LEAVE DATE: MONTH YEAR

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STARTING SALARY: \$ PER ENDING SALARY: \$ PER

---

JOB TITLE: MAY WE CONTACT YOUR SUPERVISOR?  Yes  No

---

NAME AND TITLE OF SUPERVISOR: PHONE: ( )

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DESCRIPTION OF WORK:

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REASON FOR LEAVING:

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NAME AND ADDRESS OF PRESENT/LAST EMPLOYER:

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START DATE: MONTH YEAR LEAVE DATE: MONTH YEAR

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STARTING SALARY: \$ PER ENDING SALARY: \$ PER

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JOB TITLE: MAY WE CONTACT YOUR SUPERVISOR?  Yes  No

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NAME AND TITLE OF SUPERVISOR: PHONE: ( )

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DESCRIPTION OF WORK:

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REASON FOR LEAVING:

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**AUTHORIZATION**

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All the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated.

TODAY'S DATE:

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SIGNATURE:

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