



## APPLICATION FOR EMPLOYMENT

### A. IDENTIFICATION INFORMATION

NAME \_\_\_\_\_ SSN# \_\_\_\_\_  
(LAST, FIRST, MIDDLE)

PRESENT ADDRESS \_\_\_\_\_  
(STREET)

\_\_\_\_\_ (CITY, STATE, ZIP CODE)

PHONE NUMBER \_\_\_\_\_ ARE YOU OVER 18? \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### B. EMERGENCY INFORMATION

IN CASE OF EMERGENCY, PLEASE NOTIFY \_\_\_\_\_

PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

### C. EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE AVAILABLE \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_

IF SO, MAY WE CONTACT YOUR CURRENT SUPERVISOR? \_\_\_\_\_

HAVE YOU EVER APPLIED HERE BEFORE? \_\_\_\_\_

HOW WERE YOU REFERRED TO NAMAQUA CENTER \_\_\_\_\_

**D. GENERAL INFORMATION**

DO YOU HAVE A CURRENT, VALID COLORADO DRIVER'S LICENSE? \_\_\_\_\_  
LICENSE # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

\*\*HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_YES \_\_\_NO

\*\*HAVE YOU EVER BEEN THE SUBJECT OF A CHILD ABUSE INVESTIGATION INVOLVING CHILDREN  
IN YOUR CARE? \_\_\_\_\_YES \_\_\_\_\_NO

IF SO, PLEASE STATE WHEN, WHERE, AND THE DISPOSITION OF THE OFFENSE/INVESTIGATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD UNLESS THE  
OFFENSE IS DIRECTLY RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED.

DO YOU HAVE ANY PHYSICAL LIMITATIONS WHICH REQUIRE REASONABLE ACCOMMODATIONS  
TO COMPLETE THE INTERVIEW PROCESS? \_\_\_YES \_\_\_NO

IF SO, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS?

\_\_\_\_\_  
\_\_\_\_\_

**E. EDUCATIONAL INFORMATION**

HIGH SCHOOL –

NAME OF SCHOOL & LOCATION \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ DATE OF DIPLOMA \_\_\_\_\_

COLLEGE/UNIVERSITY –

NAME OF SCHOOL & LOCATION \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ DEGREE \_\_\_\_\_

MAJOR \_\_\_\_\_ DATE OF DEGREE \_\_\_\_\_

OTHER –

NAME OF SCHOOL & LOCATION \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ DEGREE \_\_\_\_\_

MAJOR \_\_\_\_\_ DATE OF DEGREE \_\_\_\_\_

**F. EMPLOYMENT HISTORY** (DO NOT INCLUDE INTERNSHIPS. START WITH MOST RECENT EMPLOYER AND GO BACK 5 YEARS. CONTINUE ON BACK.)

1. EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ PHONE # \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ TITLE \_\_\_\_\_

FULL-TIME OR PART-TIME? \_\_\_\_\_ SALARY \_\_\_\_\_

TYPE OF WORK AND RESPONSIBILITY \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

2. EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ PHONE # \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ TITLE \_\_\_\_\_

FULL-TIME OR PART-TIME? \_\_\_\_\_ SALARY \_\_\_\_\_

TYPE OF WORK RESPONSIBILITY \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

3. EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ TITLE \_\_\_\_\_

FULL-TIME OR PART-TIME? \_\_\_\_\_ SALARY \_\_\_\_\_

TYPE OF WORK AND RESPONSIBILITY \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**G. INTERNSHIPS/VOLUNTEER WORK**

DATES      NAME OF ORGANIZATION      ADDRESS      PHONE      POSITION

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**H. PROFESSIONAL REFERENCES**

NAME                  PHONE#                  OCCUPATION                  IN WHAT PROFESSIONAL  
CAPACITY DID YOU KNOW  
THIS PERSON?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PLEASE INITIAL THE FOLLOWING:**

\_\_\_\_\_ I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY APPLICANT WHO KNOWINGLY MAKES A FALSE STATEMENT OF ANY MATERIAL FACT OR THING IN THE APPLICATION IS GUILTY PERJURY IN THE SECOND DEGREE AS DEFINED IN SECTION 1B-8-503, C.R.S., AND, UPON CONVICTION THEREOF, SHALL BE PUNISHED ACCORDINGLY.

\_\_\_\_\_ I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL AND OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITES FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND THAT THIS MAY INCLUDE A CHECK OF THE CHILD ABUSE CENTRAL REGISTRY.

\_\_\_\_\_ I UNDERSTAND THAT I WILL BE ASKED TO UNDERGO A PRE-EMPLOYMENT SCREENING PROCESS.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE AFORESAID APPLICATION OF EMPLOYMENT.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_