

SAN • JUAN • BASIN
HEALTH
DEPARTMENT

EMPLOYEMENT APPLICATION

Full name: _____ Date: _____

Address: _____
Street Address, Apt #, City, State, Zip

Phone: _____ Email Address: _____

Position you are applying for: _____

Full time OR Part-time If part-time, days/ hours per week? _____

Desired wage: _____ Date Available: _____

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for SJBHD? Yes No If so, when? _____

Have you ever been convicted of a felony? Yes No Date of conviction _____

If yes, explain: _____

Positions with this agency require flexibility in work days and schedules outside of normal business hours. Would you be able to meet this requirement? Yes No

Would you agree to have a background check completed by this agency? Yes No

Do you have any special skills or training that would be of special benefit in the position for which you are applying? Please describe:

Do you have reliable transportation? Yes No

Do you have current liability insurance on your vehicle? Yes No

Do you have a valid Colorado drivers license? Yes No

Education

High School: _____ Address _____

Years: From _____ To _____ Did you graduate? Yes No

College: _____ Address _____

Years: From _____ To _____ Did you graduate? Yes No Degree _____

Other: _____ Address _____

Years: From _____ To _____ Did you graduate? Yes No Degree _____

Military Service: Do you have military experience in the U. S. Armed Forces? Yes No
Branch: _____ From _____ To _____

Previous Employment –

If this information is on your resume, you may write "See Resume" if you wish.

Company: _____ Phone _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Wage: _____ Ending Wage _____

Responsibilities: _____

Dates of Employment From _____ To _____

Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Wage: _____ Ending Wage _____

Responsibilities: _____

Dates of Employment From _____ To _____

Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Wage: _____ Ending Wage _____

Responsibilities: _____

Dates of Employment From _____ To _____

Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

References

Name: _____ Relationship: _____

Company: _____ Phone: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____

Please indicate any languages you can speak, write and/or read:

| <i>Language</i> | <i>Speak</i> | <i>Write</i> | <i>Read</i> |
|-----------------|--------------|--------------|-------------|
| | | | |
| | | | |
| | | | |

Membership in professional or civic organizations? (Exclude those which may disclose your race, color, religion or national origin.)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and my resume and a criminal background check for employment as these are necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that either employee or the employer may terminate the employment relationship at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such changes are specifically acknowledge din writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interviews(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Please note: This application will expire 30 days after the date it is signed.