



Old Pueblo Community Services
Employment Application

It is The Old Pueblo Community Service's policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name _____ Date _____

Address _____
 Street and Apartment # _____

City _____ State _____ Zip Code _____

E-Mail _____

Telephone # _____ Are you over 18 years old? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

How did you learn of this opening? _____

Have you worked here before? Yes No

Have you been shown a copy of the position description? Yes No

Can you perform the essential functions listed in the position description with or without reasonable accommodation? Yes No

Are there any hours or days you cannot or will not work? _____

Which status would you prefer? Part-Time Full-Time

Are you willing to work overtime as required? Yes No

Position Desired _____

Salary Desired _____

Start Date Desired _____

Education History:

| Education | School Name & Location | Year Graduated | Major Course of Study | Diploma or Degree |
|--------------------|------------------------|----------------|-----------------------|-------------------|
| High School | | | | |
| College/University | | | | |
| College/University | | | | |
| Other | | | | |

Aside from educational and work experiences, what other experiences, skills or qualifications would especially fit you for work with Old Pueblo Community Services?

May we contact your current employer, if applicable? Yes No

Work History:

Current Employer (if applicable)

| | |
|-------------------------------|------------------------------|
| Name: | Address: |
| Date Hired: | Starting Position |
| Date Left: | Position on Leaving |
| Name and Title of Supervisor: | Telephone Number: |
| Description of Duties: | Reason for Wanting to Leave: |

Most Recent Previous Employer

| | |
|-------------------------------|---------------------|
| Name: | Address: |
| Date Hired: | Starting Position |
| Date Left: | Position on Leaving |
| Name and Title of Supervisor: | Telephone Number: |
| Description of Duties: | Reason for Leaving: |

Previous Employer

| | |
|-------------------------------|---------------------|
| Name: | Address: |
| Date Hired: | Starting Position |
| Date Left: | Position on Leaving |
| Name and Title of Supervisor: | Telephone Number: |
| Description of Duties: | Reason for Leaving: |

Applicant's Certification and Agreement

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize The Old Pueblo Community Services to make an investigation of any of the facts set forth in this application.

I understand that employment at The Old Pueblo Community Services is "at-will," which means that either I or The Old Pueblo Community Services can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor or manager of The Old Pueblo Community Services, other than the Executive Director has any authority to alter the foregoing.

Date _____ Applicant's Signature _____

We require references .

REQUEST FOR EMPLOYMENT INFORMATION

Previous Employers: (please list at least three)

Applicant Name _____ SSN: _____

APPLICANT'S CERTIFICATION/RELEASE:

This is authorization to furnish the Old Pueblo Community Services, with the information requested below. I hereby release you and the Old Pueblo Community Services, from all liability for any damage whatsoever arising therefrom.

Applicant Signature _____ Date _____

TO BE COMPLETED BY PREVIOUS EMPLOYER:

Employment Dates: _____ to _____

Position Held: _____

Reason for Leaving: _____

Would you rehire? Yes No If "No," could you please explain?

Please circle or highlight the appropriate response: (1 lowest - 4 highest)

| | | | | |
|--------------------------|---|---|---|---|
| Leadership Qualities | 1 | 2 | 3 | 4 |
| Attendance | 1 | 2 | 3 | 4 |
| Follows Directions | 1 | 2 | 3 | 4 |
| Team Player | 1 | 2 | 3 | 4 |
| Communicates Effectively | 1 | 2 | 3 | 4 |
| Self-Motivated | 1 | 2 | 3 | 4 |

Thank you for your input. All information given is held in the strictest confidence.

Signature _____ Title _____ Date _____