

***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

Gender  Male  Female

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	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)

Employer Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Professional/Personnal References: (please list at least three)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## APPLICANT'S CERTIFICATION/RELEASE:

By signing below, I authorize Old Pueblo Community Services to contact the employers / professional references I have provided above. I hereby release Old Pueblo Community Services from all liability for any damage whatsoever arising therefrom.

Applicant Name \_\_\_\_\_ SSN: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



## Invitation to Self-Identify for Protected Veterans

Old Pueblo Community Services is a Government contractor subject to 60-300.44(a) VEVRAA which requires Government contractors to take affirmative action to employ and advance veterans in employment. VEVRAA prohibits discrimination and requires affirmative action in all personnel practices regarding protected veterans. The statute covers disabled veterans, Armed Forces service medal veterans, recently separated veterans, and other veterans who served during a war, or in a campaign or expedition for which a campaign badge has been authorized.

If you are a disabled veteran, recently separated veteran, other protected veteran, or Armed Forces service medal veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us;

### §60-300.2 Definitions.

- **Disabled veteran means:**(1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of a service-connected disability.
- **Recently separated veteran** means a pre-JVA veteran during the one-year period beginning on the date of the pre-JVA veteran's discharge or release from active duty.
- **Active duty wartime or campaign badge veteran** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.
- **Armed Forces service medal veteran** means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).
- You may inform us of your desire to benefit under the program at this time and/or at any time in the future.
- Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used in ways that are not inconsistent with the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended.
- The information you submit will be kept confidential except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate. If you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by OFCCP, or enforcing the Americans with Disabilities Act, as amended, may be informed.
- If you are a disabled veteran it would assist us if you tell us about (i) any special methods, skills, and procedures that qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and (ii) any accommodations that would enable you to perform the job, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personnel assistance services or other accommodations. This information will assist us in placing you in an appropriate position and in making accommodation for your disability.

A written copy of the Affirmative Action Program for Veterans and Individuals with Disabilities is available for inspection by any employee or applicant for employment, during normal business hours 8:00 am to 5:00 pm, in the Human Resources office. Interested persons should **contact Evelyn Pike, Human Resources Director at 520-300-5952.**