



COLORADO COLLEGE

1 8 7 4

Name: _____

Application for Employment

Human Resources

830 North Tejon Street, Suite 301

Colorado Springs, Colorado 80903

(719) 389-6421 Fax: (719) 389-6926

An Equal Opportunity Employer

The College does not discriminate on the basis of race, color, national origin, sex, age, religion, sexual orientation, disability, sexual preference, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on job related factors. If an employment offer is extended to an applicant by the College, the applicant understands that his/her employment is at will, and that employment and compensation can be terminated with or without cause, and without notice, at any time, at his/her option or the option of the College.

GENERAL INFORMATION

DATE:		SOCIAL SECURITY NUMBER:	
NAME: LAST	FIRST	MIDDLE	
ADDRESS: STREET	CITY	STATE	ZIP CODE
TELEPHONE NUMBER: HOME ()	WORK ()	LEAVE MESSAGE WITH:	
HAVE YOU WORKED OR ATTENDED SCHOOL UNDER ANY OTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE NAME(S):			
ARE YOU AT LEAST AGE 18? <input type="checkbox"/> YES <input type="checkbox"/> NO (If you are hired, you may be required to submit proof of age.)		IF HIRED, CAN YOU FURNISH PROOF YOU ARE ELIGIBLE TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION AS AN ADULT? INCLUDE ANY PLEA OF GUILTY OR NO CONTEST. EXCLUDE MINOR TRAFFIC VIOLATIONS. This will not necessarily disqualify an applicant from employment. <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE PARTICULARS:			
FOR DRIVING POSITIONS: DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO DL #		CLASS	STATE
HAVE YOU HAD YOUR LICENSE SUSPENDED OR REVOKED IN THE LAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:			

Date: _____

POSITION INFORMATION

POSITION APPLIED FOR:		DATE AVAILABLE FOR WORK:	
WORK STATUS DESIRED: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON-CALL <input type="checkbox"/> SUMMER		WORK SCHEDULE DESIRED:	
CURRENT SALARY: \$	SALARY EXPECTATIONS:		\$
LIST ANY FRIENDS OR RELATIVES WORKING FOR COLORADO COLLEGE:			
HAVE YOU EVER WORKED FOR COLORADO COLLEGE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN AND WHAT DEPARTMENT?			

EDUCATION

HIGH SCHOOL:	LOCATION	YEARS COMPLETED	GED/DIPLOMA: <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE/UNIVERSITY:	LOCATION	YEARS COMPLETED	
MAJOR		DEGREE ACHIEVED	
COLLEGE/UNIVERSITY:	LOCATION	YEARS COMPLETED	
MAJOR		DEGREE ACHIEVED	
COLLEGE/UNIVERSITY:	LOCATION	YEARS COMPLETED	
MAJOR		DEGREE ACHIEVED	
ADDITIONAL EDUCATIONAL AND/OR VOCATIONAL OR TECHNICAL TRAINING INFORMATION:			
SCHOOL	COURSES TAKEN	CERTIFICATE OR LICENSE	
SCHOOL	COURSES TAKEN	CERTIFICATE OR LICENSE	

OFFICE SKILLS

<input type="checkbox"/> TYPING SPEED: _____ wpm <input type="checkbox"/> PBX <input type="checkbox"/> DATA ENTRY <input type="checkbox"/> TEN KEY/CALCULATOR
PERSONAL COMPUTER: <input type="checkbox"/> IBM <input type="checkbox"/> MACINTOSH <input type="checkbox"/> OTHER:
SOFTWARE:

TECHNICAL TRADES SKILLS

PLEASE LIST ALL EQUIPMENT USED IN PREVIOUS EMPLOYMENT, OR THAT YOU ARE QUALIFIED TO OPERATE:

PROFESSIONAL REFERENCES

NAME:	COMPANY:	ADDRESS:	TELEPHONE NUMBER: ()
NAME:	COMPANY:	ADDRESS:	TELEPHONE NUMBER: ()
NAME:	COMPANY:	ADDRESS:	TELEPHONE NUMBER: ()
NAME:	COMPANY:	ADDRESS:	TELEPHONE NUMBER: ()

WORK HISTORY

LIST ALL EMPLOYMENT BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT. ACCOUNT FOR ALL PERIODS OF TIME INCLUDING SELF-EMPLOYMENT, SUMMER, AND PART-TIME JOBS.

EMPLOYER	POSITION AND DUTIES	REASON FOR LEAVING
NAME: ADDRESS: SUPERVISOR NAME / TITLE: TELEPHONE: ()	TITLE / DUTIES:	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <th style="text-align: center;">EMPLOYMENT DATES</th> </tr> <tr> <td> FROM: TO: _____ </td> </tr> </table>		
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ARE YOU PRESENTLY EMPLOYED? YES NO IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

PLEASE READ EACH STATEMENT BEFORE SIGNING:

If you have any questions regarding these statements, please ask before signing.

I certify that all information provided in this employment application and attachments is true, correct and complete, and without any omissions to the best of my knowledge and belief. I understand that any omission or misrepresentation in the application may result in refusal of or termination of employment with the College.

I authorize the investigation of any or all statements contained in this application. I authorize any person, current or past employer to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that I may be required to successfully pass a drug screening examination or police background check for certain positions. I hereby consent to a pre-/post-employment drug test and any security screen that may be necessary as a condition of employment.

I understand that if I am an applicant for the Children's Center, my employment will be contingent upon a fingerprint investigation and subsequent monitoring through the Federal Bureau of Investigation. Any applicant who knowingly or willfully makes a false statement of any material fact or thing in this application is guilty of perjury in the second degree as defined in section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly.

SIGNATURE OF APPLICANT

DATE

FOR HUMAN RESOURCES USE ONLY

REFERRALS

<i>REFERRAL DATE</i>	<i>POSITION</i>	<i>SUPERVISOR/DEPARTMENT</i>	<i>RESULTS</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT DATA

DATE OF EMPLOYMENT: _____ HOURS: _____ MONTHS: _____ PAY GRADE: _____

POSITION: _____ STATUS: _____ POSITION #: _____

SALARY: HR. \$ _____ ANNUAL \$ _____ BUDGET CODE: _____

DEPARTMENT: _____ SUPERVISOR: _____

CURRENT BUDGET: _____ NSO DATE: _____



PRE-EMPLOYMENT INFORMATION

All applicants are considered for employment based on job-related criteria without regard to race, color, national origin, sex, age, religion, disability or sexual orientation. To help us comply with Federal/State equal employment opportunity laws, record keeping and other legal requirements, we ask that you answer the questions below. Completion of this form, however, is optional. This Pre-Employment Information form will be kept in a confidential file separate from the attached Application for Employment.

Date: _____ Social Security Number: _____

Name: _____
(Please print) Last First Middle

Position Applied For: _____

Race/Ethnic Group: Caucasian Asian/Pacific Islander Sex: Male Female
 Black American Indian/Alaskan Native
 Hispanic Other: _____

Where did you hear about this position? Gazette CC Web Site
 Pikes Peak Workforce Employee Referral (name) _____
 Relocation Service Other _____

Date of Birth: _____
Month / Day / Year