

## Application

### For Employment

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, or any other legally protected status.

APPLICATION FOR EMPLOYMENT							
Please complete pages 1-4; page 5 is optional.				Date			
Name							
Last	First		Mid	dle		Maiden	
Present Address							
Number/Street City					State	Ziţ	)
Home Phone	Cell Phone						
Email Social Security No.(use only last 4 digits) XXX-XX-							
If under 18, please list age			Days/hours available to work				
			No Prefe	rence		Thursday	
Position applied for (1)		Мс	onday		Friday		
			Tue	esday		Saturday	
and salary desired (2)		Wedne	esday		Sunday		
How many hours can you work weekly?  Can you work nights? ☐ No ☐ Yes							
Employment desired	☐FULL-TIME ONLY	□PART-TIME	E ONLY □F	ULL- OF	R PART-TIME [	_TEMPOF	RARY
When are you available for work?							
Are you available to work all shifts (Detention officer) 1-2-3							
Education							
TYPE OF SCHOOL (High School, College, Business or Trade School, etc.)	NAME OF SCHOOL	LOCATION (Complete mailing address)		NUMBER OF YEARS COMPLETER	D	AJOR & EGREE BTAINED	

	KIT CARSON COUNTY APPLICATION FOR EMPLOYMENT			
Please list three references other than relatives.				
Name				
Position				
Company				
Address				
Telephone				
Name				
Position				
Company				
Address				
Telephone				
Name				
Position				
Company				
Address				
Telephone				
Use the space to specific position	form sometimes makes it difficult for an individual to adequately summarize a complete background. Delow to summarize any additional information necessary to describe your full qualifications for the n for which you are applying. For example if you are applying for a Road and Bridge position please to have a CDL and from what State.			

	KIT CARSON (			REMPLOYMENT		
Work Experience						
Please list your work experience (including any military experience) beginning with your most recently held job. If you were self-employed, give firm name. <b>Attach additional sheets if necessary.</b>						
Name of employer						
Address			Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code				From	Start	
Phone number				То	Final	
	Your last job title					
Reason for leaving (be	specific)					
List the jobs you held, o company.	luties performed, skil	ls used or learn	ed, advancements o	r promotions while yo	u worked at this	
Name of employer						
Address			Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code				From	Start	
Phone number				То	Final	
	Your last job title					
Reason for leaving (be	specific)					
List the jobs you held, o company.	duties performed, skil	ls used or learno	ed, advancements o	r promotions while yo	u worked at this	
Name of employer						
Address			Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code				From	Start	
Phone number				То	Final	
	Your last job title					
Reason for leaving (be	specific)					
List the jobs you held, o company.	duties performed, skil	ls used or learn	ed, advancements o	r promotions while yo	u worked at this	
May we contact you Did you complete If not, list name		yourself?	☐ Yes ☐ No ☐ Yes ☐ No application:			

#### KIT CARSON COUNTY APPLICATION FOR EMPLOYMENT

#### PLEASE READ CAREFULLY BEFORE SIGNING

If you are hired, this application will become a part of your official employment record.

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

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 the Employee may resign at any time and Employer may discharge Employee 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 change is specifically acknowledged in 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 interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant	Date



# **VOLUNTARY COMPLIANCE FORM**

This information is needed so that Kit Carson County will be in compliance with Equal Opportunity regulations of the Federal Government. The information requested is confidential and failure to complete and return to us will not be used in any hiring decision. This information will not become part of any applicant or personnel file.

Date (00/00/0000):
Title of position you are applying for:
Gender: Male Female
Birth Date (00/00/0000):
How did you learn about this opening?
Advertisement
☐ Relative
☐ Inquiry
☐ Internal Posting
☐ Employment Agency (name)
☐ Friend
☐ Other