



APPLICATION FOR EMPLOYMENT

PO Box 2308 • 249 Warren Ave • Silverthorne, CO 80498 • 970-468-0295
Fax 970-468-1208 • www.nwccog.org

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. Incomplete information could disqualify the applicant from further consideration. **PLEASE PRINT**, except for signature on back of application.

Job Applied For: _____ Today's Date: _____

When could you start work? _____

Full Name: _____ Phone Number: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____

If hired, can you furnish proof you are eligible to work in the U.S.? Yes _____ No _____

Are you at least 18 years or older? (If no, you may be required to provide authorization to work) Yes _____ No _____

For Driving Jobs Only: Do you have a valid driver's license? Yes _____ No _____

Driver's License #: _____ License State: _____ License Class: _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes _____ No _____

If yes, please give details: _____

Have you previously applied or been employed at NWCCOG? Yes _____ No _____ If yes, when? _____

Have you read the job description? Yes _____ No _____ Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes _____ No _____

Are you presently employed? Yes _____ No _____

I affirm that any business or employment outside of this position is not a conflict of interest: Yes _____ No _____

Have you ever been terminated from employment or asked to resign by an employer? Yes _____ No _____

If yes, please provide details: _____

List employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods between employment. If self-employed, give firm name and supply business references. A job offer may be contingent upon acceptable references from employers.

Please check here if **everything asked below** is on your resume and references and already submitted to the hiring manager. If not, please fill in what is not on your resume.

Name of Employer _____ City, State, & Zip: _____

Job Title & Duties: _____

Dates of Employment (Mo/Yr) From: ____ To: ____ Reason for Leaving: _____

Supervisor(s): _____ Phone: _____

Name of Employer _____ City, State, & Zip: _____

Job Title & Duties: _____

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Job Title & Duties: _____

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Supervisor(s): _____ Phone: _____

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Job Title & Duties: _____

Dates of Employment (Mo/Yr) From: ____ To: ____ Reason for Leaving: _____

Supervisor(s): _____ Phone: _____

List Names and Location of Schools: # Years Completed Degrees/Certificate Subjects Studied

High School or GED: _____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that relate to the job for which you are applying? _____

What work experience (machines, equipment can you operate, etc.) do you possess that relates to the job for which you are applying? _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

- I certify that all information provided in this employment application and submitted resume and cover letter is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in my application, resume, and cover letter. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations 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 I may be required to successfully pass a drug screening examination, MVR, and background check. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment if required. I will provide up to date MVR to employer if requested. I understand NWCCOG is able to obtain my criminal background check as a condition of employment.

- I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE EXECUTIVE DIRECTOR OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE EXECUTIVE DIRECTOR AND AN EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____