

APPLICATION FOR EMPLOYMENT

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

An Equal Opportunity Employer

We do not discriminate based on disability, race, creed, color, sex, sexual orientation, gender identity, gender expression, marital status, religion, age, national origin, ancestry, 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 jobrelated factors. Applicants are not required to include in this application, their cover letter or resume their age, date of birth or any dates of attendance at or graduation from any education institution.

Answer each question fully and accurately. Incomplete in consideration. PLEASE PRINT , except for signature on b		
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 #: L	icense 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 NWCCC	OG? 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		

a mirm that any business or employment outside of this position is not a conflict of interest. Ye	es ino
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:	
Dates of Employment (Mo/Yr) From: To: Reason for Leaving:	
Supervisor(s): Phone:	
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:	
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	
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: _____