



## Summit County Government Employment Application

Please mail application materials to: Human Resources, P.O. Box 68, Breckenridge, CO 80424

Summit County is an equal opportunity employer, dedicated to a policy of non-discrimination in employment or the provision of services on any basis including race, color, religion, sex, age, sexual orientation, disability or national origin. Summit County only hires individuals authorized to be employed in the United States.

**Answer each question fully and accurately. Please print in INK or TYPE, except for signature on application.**

Position Applied for: \_\_\_\_\_

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Mailing Address: \_\_\_\_\_  
*Mailing address City State Zip Code*

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date Available for employment: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Are you eligible to work in the United States? Yes  No

Desired Employment? Full-time  Part-time

Hours of work per week desired? \_\_\_\_\_

Have you ever worked for Summit County Government? Yes  No

### Applicant Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? Yes  No

College: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? Yes  No

Other: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? Yes  No

### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities:

From: \_\_\_\_\_ to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous for a reference? Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities:

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous for a reference? Yes  No

### Previous Employment (continued)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities:

From: \_\_\_\_\_ to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous for a reference? Yes  No

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Are you currently in the Armed Forces: Yes  No

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Disclaimer and Signature

## JOB APPLICANT'S AGREEMENT AND VERIFICATION

I certify that the information given by me in the application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in the application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Summit County and myself for either employment or for the provision of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Summit County unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Summit County retains the same right.

In the event that I have a disability as defined under the American with Disability Act (ADA), I may contact Human Resources to request reasonable accommodation in the application or interview process. I understand that prior to being offered employment with Summit County I may be requested to take an employment examination. In the event I have a disability, which will affect my ability to take the test, I will also inform Summit County prior to the administration of the test so that a reasonable accommodation can be made. Summit County reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules, which are issued by Summit County, are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on the active file for 30 days from the date completed, after which time I would have to reapply in accordance with established Summit County procedures.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_