

Las Animas – Huerfano Counties
 District Health Department
 412 Benedicta Ave
 Trinidad, CO 81082
 www.la-h-health.org
 719-846-2213



Application for Employment

Please print all information requested except for signature.

Notice to All Applicants: This application form is intended for use in evaluating your qualifications for employment with the Las Animas – Huerfano Counties District Health Department (LA-HCDHD). This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, race, color, age, national origin, religion, sexual orientation, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills may be required prior to employment. Testing for the presence of drugs (cocaine, marijuana, opiates, amphetamines and phencyclidine) in your body will be required. After a conditional offer of employment and prior to reporting to work, you will be required to submit to a medical review. You will be requested to complete a medical history form and will be required to be examined by a medical professional designated by the company.

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
STREET ADDRESS		CITY
STATE		ZIP CODE
HOME PHONE (CONTACT INFORMATION)	CELL PHONE	EMAIL ADDRESS
DATE OF APPLICATION	SOCIAL SECURITY NUMBER	HOW LONG AT CURRENT RESIDENCE
POSITION APPLYING FOR	SALARY DESIRED (BE SPECIFIC)	
EMPLOYMENT DESIRED <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> ANYTHING AVAILABLE	WHAT DATE WILL YOU BE AVAILABLE FOR WORK?	

Education

NAME OF SCHOOL	LOCATION (COMPLETE MAILING ADDRESS)	DIPLOMA/DEGREE	STUDIES	NUMBER OF YEARS COMPLETED
HIGH SCHOOL				
TRADE/PROFESSIONAL SCHOOL				
COLLEGE/UNIVERSITY				
GRADUATE SCHOOL				

PLEASE LIST ANY SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS FROM EMPLOYMENT OR OTHER EXPERIENCE:

Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give business or company name. Attach additional sheets if necessary.

Work Experience

NAME OF EMPLOYER		PHONE NUMBER	
STREET ADDRESS		CITY	STATE ZIP CODE
NAME OF LAST SUPERVISOR	EMPLOYMENT DATES FROM: To:	PAY OR SALARY START: FINISH:	
POSITION TITLE		REASON FOR LEAVING (BE SPECIFIC)	
LIST THE DUTIES YOU PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY, INCLUDE ANY SUPERVISORY EXPERIENCE AND NUMBER OF PEOPLE SUPERVISED.			

NAME OF EMPLOYER		PHONE NUMBER	
STREET ADDRESS		CITY	STATE ZIP CODE
NAME OF LAST SUPERVISOR	EMPLOYMENT DATES FROM: To:	PAY OR SALARY START: FINISH:	
POSITION TITLE		REASON FOR LEAVING (BE SPECIFIC)	
LIST THE DUTIES YOU PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY, INCLUDE ANY SUPERVISORY EXPERIENCE AND NUMBER OF PEOPLE SUPERVISED.			

NAME OF EMPLOYER		PHONE NUMBER	
Street Address		City	STATE ZIP CODE
NAME OF LAST SUPERVISOR	EMPLOYMENT DATES FROM: To:	PAY OR SALARY START: FINISH:	
POSITION TITLE		REASON FOR LEAVING (BE SPECIFIC)	
LIST THE DUTIES YOU PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY, INCLUDE ANY SUPERVISORY EXPERIENCE AND NUMBER OF PEOPLE SUPERVISED.			

Military History

Have you ever been in the armed forces? Yes No

Are you now a member of the National Guard? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Foreign Languages

Language:			
	Fluent	Good	Fair
Speak			
Read			
Write			

Language:			
	Fluent	Good	Fair
Speak			
Read			
Write			

Language:			
	Fluent	Good	Fair
Speak			
Read			
Write			

Personal Information

List states and counties of residence for the past seven years: _____

Have you used any names or Social Security numbers other than given? If so, please list: _____

Do you have a relative or friend employed with LA-HCDHD? If yes, who? _____

May LA-HCDHD contact your present employer? Yes No

May LA-HCDHD contact your prior employer(s)? Yes No

Have you ever been convicted of a crime (other than a traffic violation)? Conviction will not necessarily disqualify you from employment. If yes, please explain _____

Do you have a driver's license? Yes No

Have you ever been ticketed for a moving traffic violation? If yes, explain _____

Are you a citizen of the United States? Yes No

If no, proof of immigration status to work must be provided.

Are you currently on "layoff" status, subject to recall? Yes No If yes, explain _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

References

Providing this information means that you give LA-HCDHD permission to contact the references listed. Please provide current information on two references (no family).

Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone: _____	Telephone: _____
Relationship: _____	Relationship: _____
Years Acquainted: _____	Years Acquainted: _____

Applicant's Acknowledgement and Release

This application shall be considered active for no more than six months. After that time, applicants will be required to resubmit a completed application. The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and employee.

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If LA-HCDHD policy requires, I am willing to submit to drug testing to detect the use of illegal drugs during employment.

Applicant's Signature

Date

For LA-HCDHD Use Only - Do Not Write In This Section

Reviewed by: _____ Test Interview

Rejected: Incomplete Did Not Meet Qualifications Other _____

Regret letter sent: _____

Test Score: _____ Interview

Regret letter sent: _____

Interview Date/Time: _____

Interviewed by: _____

Selected for Position

Regret letter sent: _____

Notes: _____

AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept **confidential**. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Government record keeping or periodic reporting. This information is not part of your employment application and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

Name: _____

Title of Job Applied for: _____

SEX

- Male
- Female

RACE/ETHNICITY

- White - origins in Europe, North Africa or Middle East
- Asian - origins in Far East, S.E. Asia or India
- Black - origins in Africa
- Hispanic - Mexican, Puerto Rico, Cuban, Central or South America
- American Indian - origins in North America, to exclude Alaska
- Native Hawaiian or other Pacific Islander
- Other

PHYSICAL CONDITIONS

- (1) No disability
- (2) Physically Disabled (No Facility Modification)
- (3) Physically Disabled (Facility Modification)
- (4) Health Disabled (Heart Attack, Diabetic, Seizures, etc.)
- (5) Mentally Disabled (Learning Disability)

VETERANS/U.S. MILITARY STATUS

- (0) Non-Veteran
- (1) Pre-Vietnam Veteran
- (2) Pre-Vietnam Veteran with service incurred disability
- (3) Vietnam Era Veteran (1964-1975)
- (4) Vietnam Era Veteran with service incurred disability
- (5) Post Vietnam Veteran
- (6) Post Vietnam Veteran with service incurred disability

ACTIVE NATIONAL GUARD RESERVIST (check one)

- Yes
- No

