



# General Job Application

231 Ensign Steet, Box 189  
Fort Morgan, CO 80701

Please take your time to fill out all areas of the application. Be as complete and accurate as possible. If there is a question you are unsure of, leave it blank. If you are notified that a field is required, please complete it to the best of your knowledge before submitting.

Job Title	Requisition Number

## Personal Information

First Name	Middle Name	Last Name
Address 1		Address 2
City	State	Zip Code
Primary Phone	Alternate Phone	
E-mail Address		

## Eligibility & Availability

Do you possess a valid Driver's License?	Yes <input type="checkbox"/> No <input type="checkbox"/>	a. Do you have a CDL Endorsement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		b. Driver's License State: _____	
Are you authorized to work in the United States? <input type="checkbox"/> <input type="checkbox"/>			
If yes, are you able to provide documents as required by law to verify your eligibility to work in the U.S.? <input type="checkbox"/> <input type="checkbox"/>			
Do you live within the County or are you willing to relocate? <input type="checkbox"/> <input type="checkbox"/>			
If a specific work schedule has been included in the recruitment posting, are you available to work during the days, times, and/or shifts as indicated? <input type="checkbox"/> <input type="checkbox"/>			

## Personal History

Have you been convicted of a Felony Offense (do not include petty offense(s) or minor traffic violation(s))?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give dates and details:	

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Yes No

Have you been convicted of a crime involving dishonesty (for example: theft, fraud, insufficient funds check, etc.)?

If yes, please give dates and details:

Have been convicted of a serious traffic offense within the last 10 years (for example: DUI, DWAI, reckless driving, speeding more than 20 mph over the posted limit)?

If yes, please give dates and details:

Have you ever been convicted of a crime of violence (domestic violence, assault, sexual assault, homicide, etc.)?

If yes, please give dates and details:

## Previous County Employment

Has Morgan County previously employed you?  
If so, please list dates of employment and Position held.

Date Position

Date	Position

Do you have any relatives working for the County? Yes  No

If so, provide the names of all relatives and their relationship to you.

Name Relationship

Name Relationship

## Educational Background

### High School

Name of School \_\_\_\_\_ Number of Years Completed \_\_\_\_\_

Location of School (city and state) \_\_\_\_\_ Did You Graduate? \_\_\_\_\_

### Vocational School

Name of School \_\_\_\_\_ Number of Years Completed \_\_\_\_\_

Location of School (city and state) \_\_\_\_\_

Diploma/Degree or Certificate Earned \_\_\_\_\_ Major or Course of Study \_\_\_\_\_

## College or University

Name of School \_\_\_\_\_ Number of Years Completed \_\_\_\_\_

Location of School (city and state) \_\_\_\_\_

Diploma/Degree or Certificate Earned \_\_\_\_\_ Major or Course of Study \_\_\_\_\_

Name of School \_\_\_\_\_ Number of Years Completed \_\_\_\_\_

Location of School (city and state) \_\_\_\_\_

Diploma/Degree or Certificate Earned \_\_\_\_\_ Major or Course of Study \_\_\_\_\_

## Other Training or Degrees

Name of School \_\_\_\_\_ Number of Years Completed \_\_\_\_\_

Location of School (city and state) \_\_\_\_\_

Diploma/Degree or Certificate Earned \_\_\_\_\_ Major or Course of Study \_\_\_\_\_

## Other Relevant Courses or Military Training

1. Course Title \_\_\_\_\_ Length of Course \_\_\_\_\_ Certificate Received \_\_\_\_\_

2. Course Title \_\_\_\_\_ Length of Course \_\_\_\_\_ Certificate Received \_\_\_\_\_

## Professional License(s) or Certification

1. Type of License or Certificate Held \_\_\_\_\_

2. Type of License or Certificate Held \_\_\_\_\_

3. Type of License or Certificate Held \_\_\_\_\_

## Professional Memberships

1. Type of Membership \_\_\_\_\_ Expiration Date \_\_\_\_\_

2. Type of Membership \_\_\_\_\_ Expiration Date \_\_\_\_\_

# Employment History

Please provide the following information about your current and past employer(s). Start with the most recent employer. Experience obtained ten years ago that is relevant to the position you are applying must be included in your work history summary. Attach additional sheets(s) if necessary. You may include a resume with this application, but all information on the application must be completed. DO NOT STATE "SEE RESUME". Use the space provided last to account for any periods of unemployment of one month or more.

## Most Recent Employer

<b>Name of Employer</b> _____	_____	May We Contact Employer?	_____
Address _____	City _____	State _____	Zip _____
Primary Phone _____	Start Date (Month/Year) _____	End Date (Month/Year) _____	
Starting Position _____	No. of Employees Supervised _____		
Last Position _____	Name of Supervisor _____	Supervisor's Job Title _____	
Description of Duties _____			
Reason(s) for Leaving? _____			

<b>Name of Employer</b> _____	_____	May We Contact Employer?	_____
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Primary Phone _____	Start Date (Month/Year) _____	End Date (Month/Year) _____	
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Primary Phone _____	Start Date (Month/Year) _____	End Date (Month/Year) _____	
Starting Position _____	No. of Employees Supervised _____		
Last Position _____	Name of Supervisor _____	Supervisor's Job Title _____	
Description of Duties _____			
Reason(s) for Leaving? _____			

## References

Please provide 3 references.

1. Name	_____	Reference Type	_____
Phone Number	_____	Occupation	_____
Location	_____	Organization	_____
		Email Address	_____
2. Name	_____	Reference Type	_____
Phone Number	_____	Occupation	_____
Location	_____	Organization	_____
		Email Address	_____
3. Name	_____	Reference Type	_____
Phone Number	_____	Occupation	_____
Location	_____	Organization	_____
		Email Address	_____
4. Name	_____	Reference Type	_____
Phone Number	_____	Occupation	_____
Location	_____	Organization	_____
		Email Address	_____

## Additional Space

Please enter information in this space for any items on this form requiring further explanation or to list other special skills, additional experience, periods of time not worked or certifications relevant to the position.

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## Applicant Statement

I certify that all information provided in this employment application 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. By signing, I am authorizing Morgan County to conduct a criminal background investigation. I also authorize, whether listed or not, a background investigation of my employment history and all statements contained in this application by 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 all such persons and organizations from any legal liability in making such statements. I understand that I have a right to make a written request within a reasonable time for a complete disclosure of the nature and scope of the investigation.

I understand that if I am extended an offer of employment it may be conditioned upon the following if required: 1) A physical examination, including DOT drug and alcohol testing requirements, and completion of health questionnaire to certify that I am able to perform the essential functions of the job for which I am applying; 2) I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work; 3) Completing and executing a security bond application if necessary for the job; 4) Providing a current driver's record from the Department of Motor Vehicle if driving is a requirement of the job.

**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. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF MORGAN COUNTY 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.

I Agree

\_\_\_\_\_  
Signature