



Gilpin County School District Re-1

Application for Employment Non-Licensed

Instructions: Each question must be filled out and accurately answered. No action can be taken on this application until all questions have been answered. Please type or print, except your signature on the reverse side.

ONE APPLICATION PER POSITION

POSITION APPLYING FOR:

Job Title: _____ Job#: _____

Location: _____ Date: _____

How did you hear about this position?

<input type="checkbox"/> Advertisement (specify)	<input type="checkbox"/> Personal referral (name)
<input type="checkbox"/> Job Fair	<input type="checkbox"/> Job Posting (specify)
<input type="checkbox"/> College Recruiting	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Web site	<input type="checkbox"/> Other (specify)

Availability/Preferences:

Which type of employment are you seeking? Full Time Part Time Temporary or Summer Substitute

Date available?

Are you willing to work : Weekends & Holidays? Yes No Shifts? Yes No
 Overtime? Yes No Nights? Yes No

PERSONAL DATA

Social Security Number: _____

Last Name _____ First _____ Middle _____

Former name used? _____

Present address: _____ City _____ State _____ Zip Code _____

Home Telephone _____ Alternate Telephone _____

E-mail Address _____

EMERGENCY CONTACT

Name/Names? _____ Address or Company Name: _____

Relationship _____ Phone 1 _____ Phone 2 _____

Are you 18 years or older? Yes No If not, are you at least 16 years of age? Yes No

(If less than 16 years of age, can you provide proof of eligibility/work permit to work?) Yes No

FORMAL EDUCATION

<u>Name, Address, & Location of School</u>	Course of Study	Did you Graduate?
High School Name _____	_____	_____
College/University _____	_____	_____
Other – Graduate/Vocational/Technical _____	_____	_____

EMPLOYMENT HISTORY

Employer's Name (Present or Last): _____ Your job title: _____
 Address: _____ City, State, Zip: _____
 Telephone: _____ Name of Supervisor: _____
 Dates employed (month, and year): From: _____ To: _____ Pay start: _____ Final: _____
 Job duties: _____
 Reason for leaving: _____

Employer's Name (Present or Last): _____ Your job title: _____
 Address: _____ City, State, Zip: _____
 Telephone: _____ Name of Supervisor: _____
 Dates employed (month, and year): From: _____ To: _____ Pay start: _____ Final: _____
 Job duties: _____
 Reason for leaving: _____

Employer's Name (Present or Last): _____ Your job title: _____
 Address: _____ City, State, Zip: _____
 Telephone: _____ Name of Supervisor: _____
 Dates employed (month, and year): From: _____ To: _____ Pay start: _____ Final: _____
 Job duties: _____
 Reason for leaving: _____

Please list any additional job related skills or experiences (i.e., volunteer work, certifications, daycare, etc.)

FINGERPRINT REQUIREMENT HB 90-1077

If you are selected, there is a requirement of having your fingerprints processed through the Colorado Bureau of Investigation and the Federal Bureau of Investigation.

Signature: _____

HEALTH

Are you presently able to perform all job functions on the position description, with or with out accommodation? Yes No

If not, indicate those job functions you are not able to perform: _____

Would you take a physical examination, if required? Yes No

(Note: The District may require physical examinations for certain jobs after a conditional offer of employment is made.)

GENERAL

Where you ever employed by Gilpin County School District? Yes No

If so, when? _____ Reason for Leaving: _____

Do you speak or read a language other than English (include sigh language)? Yes No

If yes, please list and describe level of proficiency: _____

REFERENCES

List three (3) references or former employers

Name	Address	Phone	Occupation

I certify that the information furnished on this application is true and accurate. I understand and agree that any falsification, misrepresentation, misleading statement or omission of fact in either the application or during the pre-hire process will be sufficient reason for my not being offered employment or my immediate dismissal, at any time, if employed. I understand that failure to provide any of the information requested above may prevent consideration of my application.

Signature _____

Date _____

Please complete this application and return to
 Gilpin county School district Re-1
 Human Resources
 10595 Highway 119
 Black Hawk, CO 80403

Gilpin County School District RE-1 is an equal opportunity educational institution and shall not discriminate on the basis of race, color, creed, sex, sexual orientation (which includes transgender) national origin, religion, age, disability, genetic information, ancestry, marital status, or conditions related to pregnancy or childbirth, or any other applicable status protected by federal, state, or local law. For information regarding civil rights or grievance procedures, contact Superintendent, Gilpin County School District RE-1, 10595 Hwy 119, Black Hawk, CO 80422, 303-582-3444, or contact the Office for Civil Rights, U.S. Department of Education, Cesar E. Chavez Memorial Building, Suite 310, 1244 Speer Boulevard, Denver, CO 80204, 303-844-5695 (Revised April 2018)



Gilpin County School District RE-1

... developing life-long learners who possess self esteem and are productive citizens.

Applicant's Oath

Date _____

Gilpin County School District RE-1 requires all school district applicants to submit a form certifying that the applicant **has, or has never been**, convicted of a felony or misdemeanor (other than a misdemeanor traffic offense or traffic infraction). At the time of employment, the district through the Colorado Bureau of Investigation and/or other law enforcement agencies will conduct a criminal record check. Fingerprints will be submitted to the Colorado Bureau of Investigation and Federal Bureau of Investigation for the purpose of conducting a police criminal background investigation. In the event of any discrepancy between this statement and the results of the investigation, the school district reserves the right to terminate the employment of such employee.

Name _____
Last First Middle Maiden

Social Security Number _____ Date of Birth _____

I am the above listed applicant and I do hereby certify under penalty of perjury, either:

1. **HAVE YOU EVER** (as a juvenile or an adult) been convicted*; pled *nolo contendere* (no contest); been placed on probation; enrolled in a pretrial diversion program or had adjudication withheld in a criminal offense, felony, misdemeanor or otherwise; or are there any criminal charges now pending against you other than a noncriminal traffic violation?

Yes No

2. Have you ever been involuntarily terminated, asked to resign, or tendered your resignation to avoid termination in connection with any other employment?

Yes No

3. Are you aware of any facts, which are likely to give rise to a claim by someone that you have behaved immorally or otherwise have affected the health, safety or welfare of children?

Yes No

*"Convicted" means a conviction by a jury or by a Court and shall also include the forfeiture of any bail, bond, or other security deposited to secure appearance by a person charged with having committed a felony or misdemeanor, the payment of a fine, a plea of *nolo contendere*, and the imposition of a deferred or suspended sentence by the Court.

If your answer is yes to any of the above questions, complete information below.

- A. Attach a detailed letter of explanation
- B. Provide court documents, if applicable, verifying the conviction(s)

Be advised that an affirmative answer does not automatically disqualify an applicant from consideration for employment.

I hereby authorize any employer, employee, law enforcement agency, administrator, state agency, institution or private information bureau to provide Gilpin County School District, or any person or agency authorized to request information on behalf of Gilpin County School District, any and all information they might have, personal or otherwise, with regard to any subject which may bear upon my fitness for employment.

This authorization to obtain records and information is not intended to permit the release of my medical records, medical information contained in my employment or education records, or information relating to any worker's compensation claims that may have been filed in conjunction with any prior employment, except as may be authorized by federal or state law.

This authorization shall be valid as long as the application remains active in Gilpin County School District, and if I should become employed by Gilpin County School District, for the duration of such employment. A photographic copy of such authorization shall be as valid as the original.

I certify that the information furnished on this oath is true and accurate. I understand and agree that any falsification, misrepresentation, misleading statement or omission of fact in either the application or during the pre-hire process will be sufficient reason for my not being offered employment or my immediate dismissal, at any time, if employed. I understand that failure to provide any of the information requested above may prevent consideration of my application.

SIGNATURE OF APPLICANT

DATE