



## Employment/ Independent Contractor Application

Date of Interview(Month/Day/Year)

/ /

Position Applied for:

### Applicant Data

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile/Home \_\_\_\_\_ E-mail \_\_\_\_\_

Date Available to Start: \_\_\_/\_\_\_/\_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you ever worked for this company?  Yes  No If yes, when? \_\_\_\_\_

Are you legally allowed to work in the United States?  Yes  No

Type of employment desired:  Full-Time  Part-time  Temporary

Driver's License number: \_\_\_\_\_ State \_\_\_\_\_

### Education History

Name & Location of High School \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Name & Location of College: \_\_\_\_\_ Years attended: \_\_\_\_\_

Degrees completed: \_\_\_\_\_ Other Subjects Studied: \_\_\_\_\_

Trade, Business or Correspondence School: \_\_\_\_\_ Years attended: \_\_\_\_\_

Subjects Studied: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

**Summarize Your Special Skills or Qualifications**

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**Previous Employment (begin with the most recent position)**

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Position(s) Held: \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Starting Title: \_\_\_\_\_ Ending Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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May we contact this employer or a reference?  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Position(s) Held: \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Starting Title: \_\_\_\_\_ Ending Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer or a reference?  Yes  No

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and pertinent information they have, personal or otherwise, and release the company from all liability for any damage that may result from the utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and any other relevant federal and state laws."

Do you agree to a Colorado Bureau of Investigation (CBI) background check and an APS background check?

Yes  No

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_