



**SUMMIT COUNTY  
EMPLOYMENT APPLICATION**

Return to: Human Resources Department, PO Box 68, 208 E. Lincoln, 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: \_\_\_\_\_

**PERSONAL INFORMATION**

Name (Print) \_\_\_\_\_ Phone:(H) \_\_\_\_\_ (C) \_\_\_\_\_

Physical Address \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email Address \_\_\_\_\_

Are you over the age of 18?     Yes     No    How soon could you report to work? \_\_\_\_\_

Are you a citizen or do you have a valid authorization to work in the United States?     Yes     No

Type of employment     Full Time     Part Time     Temporary    Rate of Pay Expected \_\_\_\_\_

Are you employed now?     Yes     No    Why do you desire to make a change? \_\_\_\_\_

Have you ever been employed with Summit County Government?  Yes     No If yes, when and where: \_\_\_\_\_

Have you ever held a position of trust (handling money or confidential material):     Yes     No

Have you ever served in the U.S. Armed Forces?     Yes     No

Branch \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

**EDUCATION**

	List any special schooling (extension, night, business, etc.) NAME AND ADDRESS OF SCHOOL	Did you Graduate?	Type of Diploma or Degree	Major and Minor Studies
High School/GED				
Bachelors or Associates Degree				
Other (Vocational, Technical, Military, Graduate)				

**WORK HISTORY**

(START WITH PRESENT EMPLOYER, LIST PAST WORK HISTORY WITH THE MOST EMPHASIS ON RECENT EXPERIENCE)

1. Name & Address of Employer:		Phone Number:	
Job Title & Duties	May We Contact this Employer?    Yes    No		
Name & Position of Immediate Supervisor:	Date of Hire:		Phone Number:
Email Address:	Date of Hire:	Date Left:	
Reason for Leaving:	Starting Rate:	Last Rate:	
2. Name & Address of Employer:		Phone Number:	
Job Title & Duties	May We Contact this Employer?    Yes    No		
Name & Position of Immediate Supervisor:	Date of Hire:		Phone Number:
Email Address:	Date of Hire:	Date Left:	
Reason for Leaving:	Starting Rate:	Last Rate:	
3. Name & Address of Employer:		Phone Number:	
Job Title & Duties	May We Contact this Employer?    Yes    No		
Name & Position of Immediate Supervisor:	Date of Hire:		Phone Number:
Email Address:	Date of Hire:	Date Left:	
Reason for Leaving:	Starting Rate:	Last Rate:	

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful in considering your application \_\_\_\_\_

**REFERENCES**

(Do not list relatives or former employers -at least 2 professional references.)

Name: _____	How Known: _____
Address: _____	Phone: _____
Address: _____	Email Address: _____
Name: _____	How Known: _____
Address: _____	Phone: _____
Address: _____	Email Address: _____
Name: _____	How Known: _____
Address: _____	Phone: _____
Address: _____	Email Address: _____

**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 authorized 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 providing 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.

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. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. 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: \_\_\_\_\_