



# Employment Application

<b>OFFICE USE ONLY:</b>
Received: _____
Forward: _____

**Mailing Address:**  
 Northeast Colorado Health Department  
 Human Resources  
 228 W. Railroad Avenue  
 Fort Morgan, CO 80701

970-867-4918  
 www.nchd.org

Thank you for your interest in the Northeast Colorado Health Department (NCHD). NCHD is an Equal Opportunity Employer, dedicated to a policy of nondiscrimination in employment on any basis, including race, color, age, gender, gender identity, political affiliations, religion, national origin, sexual orientation, disability, genetic information, veteran status or any other basis prohibited by federal, state, or local law.

## GENERAL INSTRUCTIONS

- Carefully read job announcement for desired position.
- Provide all requested information accurately and completely, including responses to supplemental questions and supplemental application form. Type or print legibly in blue or black ink. **Remember to sign and date application.** Failure to do so may disqualify you from employment.
- Notify NCHD if you require any necessary accommodations to participate in the employment process. See job announcement for contact names and telephone numbers.
- Hand-delivered/mailed application packets must be received at NCHD, 228 W. Railroad Avenue Fort Morgan, CO 80701 by 4:00 P.M. MST on the closing date.**

## APPLICANT INFORMATION

Position Applied For: <i>(List specific title of job. Applications are accepted for currently posted positions only.)</i>		
Last Name:	First Name:	Middle Initial:
Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Ext.
Message Phone:	Email Address:	

If hired, can you furnish proof of eligibility to work in the U.S.?  Yes  No  
*(Proof of citizenship or legal immigration status will be required upon employment.)*

Are you 18 years of age or older?  Yes  No  
*(If you are hired, you may be required to submit proof that you are at least 18 years of age.)*

Do you have any relatives employed by NCHD?  Yes  No  
*(If yes, please provide their names and relationship to you.)*

Are you applying for:  Full-time  Part-time  Temporary

On what date will you be available to work? \_\_\_\_\_

Are you currently on "lay-off" status?  Yes  No

Are you bilingual?  Yes  No If yes, in what language(s)? \_\_\_\_\_

## EDUCATION AND TRAINING

Do you have a high school diploma, GED or equivalent:  Yes  No

### LIST COLLEGES, UNIVERSITIES, MILITARY, TRADE, BUSINESS OR OTHER SCHOOLS ATTENDED

Name of School	Location of School	Courses of Study (Major)	Credits Completed		Specify Degree of Certificate Earned
			Semester hours	Quarter Hours	

## SPECIALIZED SKILLS

State any specialized skills you feel may be helpful to us in considering your application.

## DRIVERS LICENSE INFORMATION

Can you travel if the job requires it?  Yes  No

Do you have a valid driver's license? *Proof may be required.*  Yes  No

## NCHD EMPLOYMENT HISTORY

Are you currently, or have you ever been, employed by NCHD?  Yes  No

If so, list all periods of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year

## EMPLOYMENT HISTORY

**Instructions:** Beginning with your present or most recent job, describe your work experience (paid or volunteer) in chronological order. The information provided on this application form (and any additional employment history which may be attached) will be used to determine if you meet the minimum qualifications for the position. Information must be accurate and complete. **Resumes must be submitted but will not be considered as a substitute for this form.**

Job Title:		Employer:	
Supervisor:		Employer Address:	
Telephone:		City and State:	
From: <i>Month/Day</i>	<i>Year</i>	To: <i>Month/Day</i>	<i>Year</i>
Average hours worked per week:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties and Responsibilities:			
Reason for Leaving:			

Job Title:		Employer:	
Supervisor:		Employer Address:	
Telephone:		City and State:	
From: <i>Month/Day</i>	<i>Year</i>	To: <i>Month/Day</i>	<i>Year</i>
Average hours worked per week:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties and Responsibilities:			
Reason for Leaving:			

Job Title:				Employer:			
Supervisor:				Employer Address:			
Telephone:				City and State:			
From:		To:					
<i>Month/Day</i>	<i>Year</i>	<i>Month/Day</i>	<i>Year</i>				
Average hours worked per week:				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties and Responsibilities:							
Reason for Leaving:							

Job Title::				Employer:			
Supervisor:				Employer Address:			
Telephone:				City and State:			
From:		To:					
<i>Month/Day</i>	<i>Year</i>	<i>Month/Day</i>	<i>Year</i>				
Average hours worked per week:				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties and Responsibilities:							
Reason for Leaving:							

**PERSONAL/ PROFESSIONAL REFERENCES**

*Instructions:* List three persons who know you well enough to provide current and past information about you. Do not include relatives or former employers.

Name	Occupation	Telephone Number	Years known
1.			
2.			
3.			
Military Service			
Branch of Service:		Relevant Experience/Training:	

**The Northeast Colorado Health Department is an Equal Opportunity Employer**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AFFIDAVIT, CONSENT AND RELEASE**  
**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

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 the Northeast Colorado Health Department 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 a urine drug test and a background check.

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 NORTHEAST COLORADO HEALTH DEPARTMENT 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*This application for employment will remain active for six months*