



PARK COUNTY SENIOR COALITION

P.O. Box 309
FAIRPLAY, CO 80440-0309

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JOB (& Volunteer) APPLICATION

POSITION SOUGHT

Check all that apply:

Coordinator__ Driver__ Homemaker __ Administration__ Volunteer__

PERSONAL INFORMATION

Name: _____

Physical Address: _____

Mailing Address: _____

Telephone Number: _____ e-mail: _____

Summarize Job Experience: _____

_____ How Long Have You Lived in the Area? _____

Brief Medical History: _____

Medications You Take (If applying for driving position): _____

Are You Collecting Disability? Yes__ No__ For What? _____

GENERAL INFORMATION

- 1) Are you at least 18 years of age? Yes__ No__
- 2) If required, are you willing to submit to a pre-employment drug test, physical exam, or background examination? Yes__ No__
- 3) Have you ever been convicted of a felony? Yes__ No__
If yes, list dates, location, and resolution of each below.
- 4) Have you ever applied for a position with Park County Senior Coalition before? Yes__ No__
If yes, list when and for what position: _____
- 5) Have you previously worked for the Park County Senior Coalition? Yes__ No__
If yes, list when and for what position: _____
- 6) Have you missed any work during the last six months? Yes__ No__
If yes please explain: _____
- 7) Is any information relative to change of name, use of assumed name, or nickname necessary to enable us to check your work record? Yes__ No__
- 8) Are you presently employed? Yes__ No__
May we contact your employer? Yes__ No__

Please indicate the item numbers above to which the following further detailed explanations apply:

EDUCATION

High School Diploma or GED? Yes__ No__ Where? _____

Type of School	School Name/Location	Years Attended	Did You Graduate?	Degree/Major
Undergraduate:	_____	_____	_____	_____
Graduate:	_____	_____	_____	_____
Vocational	_____	_____	_____	_____
Or Technical:	_____	_____	_____	_____
Other Training:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

EMPLOYMENT HISTORY

List names of employers in consecutive order with current or most recent employer listed first. If you have held more than one position for the same employer, list each position separately. Account for all periods time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Attach additional pages if more space is necessary. Please give MONTH/YEAR for date.

Current Employer/Last Employer

Name: _____

Address: _____

Phone No. _____ May we Contact Employer? Yes__ No__

Employed From _____ to _____ Supervisor's Name: _____

Job Title: _____ Beginning Wage: _____ Ending Wage: _____

Description of Job Duties: _____

Reason for Leaving: _____

Current Employer/Last Employer

Name: _____

Address: _____

Phone No. _____ May we Contact Employer? Yes__ No__

Employed From _____ to _____ Supervisor's Name: _____

Job Title: _____ Beginning Wage: _____ Ending Wage: _____

Description of Job Duties: _____

Reason for Leaving: _____

Current Employer/Last Employer

Name: _____
Address: _____
Phone No. _____ May we Contact Employer? Yes__ No__
Employed From _____ to _____ Supervisor's Name: _____
Job Title: _____ Beginning Wage: _____ Ending Wage: _____
Description of Job Duties: _____

Reason for Leaving: _____

Current Employer/Last Employer

Name: _____
Address: _____
Phone No. _____ May we Contact Employer? Yes__ No__
Employed From _____ to _____ Supervisor's Name: _____
Job Title: _____ Beginning Wage: _____ Ending Wage: _____
Description of Job Duties: _____

Reason for Leaving: _____

Current Employer/Last Employer

Name: _____
Address: _____
Phone No. _____ May we Contact Employer? Yes__ No__
Employed From _____ to _____ Supervisor's Name: _____
Job Title: _____ Beginning Wage: _____ Ending Wage: _____
Description of Job Duties: _____

Reason for Leaving: _____

SPECIAL SKILLS AND EXPERIENCE

LIST ANY OTHER PERTINENT SKILLS OR EXPERIENCES NOT OTHERWISE COVERED

WORK REFERENCES

DO NOT INCLUDE ANY OF YOUR RELATIVES – FILL OUT COMPLETELY

- 1) Name: _____ Phone: _____
Address: _____
- 2) Name: _____ Phone: _____
Address: _____
- 3) Name: _____ Phone: _____
Address: _____
- 4) Name: _____ Phone: _____
Address: _____

OTHER REFERENCES

DO NOT INCLUDE ANY OF YOUR RELATIVES – FILL OUT COMPLETELY

- 1) Name: _____ Phone: _____
Address: _____
- 2) Name: _____ Phone: _____
Address: _____

AFFIDAVIT

READ EACH STATEMENT CAREFULLY BEFORE SIGNING

- 1) I understand that if hired I will be on a six month probation, at the end of which my performance will be evaluated.
- 2) I understand that if hired I will be in a position of trust, and submitting this application authorizes Park County Senior Coalition to run a background check on me through the Colorado Bureau of Investigation (CBI).
- 3) I also authorize the companies or persons named above to give any information regarding my employment, character and qualifications.
- 4) I hereby release said companies and persons named above from all liability for any damage from issuing this information.
- 5) I certify that the answers I've provided to each of the questions and statements in this application are true and correct without consequential omissions of any kind whatsoever.
- 6) I certify that all statements and answers to questions about my health are true and were made by me without reservation.
- 7) I understand that any misleading or incorrect statements may render this application void, and, if employed, would constitute cause for my termination.
- 8) I agree that the Park County Senior Coalition shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire.
- 9) I understand that if employed, I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of termination.
- 10) I have read the above statements, understand them, and by my signature I consent to these statements and any terms or conditions contained therein.

Signature: _____ Date: _____

Park County Senior Coalition does not discriminate on the basis of race, religion, national origin, color, sex, age or disability. It is our intention that all applicants be given equal opportunity and that selection decisions be based on job-related factors.