



# BOCES

**MOUNTAIN**

**BOARD OF COOPERATIVE EDUCATIONAL SERVICES**

## APPLICATION FOR EMPLOYMENT

Equal opportunity employer.

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

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and Zip Code                      Telephone Number                      Alternate Number

\_\_\_\_\_  
Have you ever been employed by Mountain BOCES?                      Location                      Dates of Employment

\_\_\_\_\_  
Yes  No  If yes:                      Reason for Leaving                      Name Employed Under if Now Different

\_\_\_\_\_  
Applying for which position?                      Rate of Pay expected?                      Date you can start work?

### APPLICANT NOTE

Mountain BOCES application form is intended for use in evaluating the applicant's suitability for employment. It is not an employment contract. Please answer all appropriate questions completely and to the best of your ability. Federal law provides penalties for false statements on consideration without discrimination because of sex, marital status, race, age, creed, national origin, and such information may be omitted from this form. Additional testing of job related skills, mental/physical activity, physical condition, and for the presence of drugs in your body may be required prior to employment.

### Check the highest level or equivalent completed:

Elementary                      High School                      College/ Tech                      Additional Degrees:  
                                                                        \_\_\_\_\_  
8 or less                      9      10      11      12                      1      2      3      4

Name of high school, college, university or vo-tech attended (last attended): \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree Date: \_\_\_\_\_

Do you have a current Colorado Department of Education License:                      Yes  Attach a copy                      No

Job-Related Skills: \_\_\_\_\_

### PHYSICAL RECORD:

List any physical concerns: \_\_\_\_\_

Are you in need of any special accommodations within the work place because of a physical or mental disability?

Give Details: \_\_\_\_\_

**EMPLOYMENT HISTORY-** List employment history, starting with present employer. For any unemployment or self-employed periods show dates and location.

Company Name: \_\_\_\_\_ Your Job: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ From: \_\_\_\_\_  
Phone#: \_\_\_\_\_ To: \_\_\_\_\_  
Salary/Rate of Pay: \_\_\_\_\_ May we contact? Yes  No

Company Name: \_\_\_\_\_ Your Job: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ From: \_\_\_\_\_  
Phone#: \_\_\_\_\_ To: \_\_\_\_\_  
Salary/Rate of Pay: \_\_\_\_\_ May we contact? Yes  No

Company Name: \_\_\_\_\_ Your Job: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ From: \_\_\_\_\_  
Phone#: \_\_\_\_\_ To: \_\_\_\_\_  
Salary/Rate of Pay: \_\_\_\_\_ May we contact? Yes  No

Have you ever been convicted of a felony? Yes  No

Conviction of a felony will not automatically disqualify you from employment. If yes, please identify the crime for which you were convicted, the date of the conviction and the location of the court in which you were convicted. All applicants will be fingerprinted at the time of employment.

Upon employment can you submit verification of your legal right to work in the United States?

Yes  No

**REFERENCES:** List two (2) people (no relatives) you have worked with whom we may contact for a reference, if necessary.

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City/State: \_\_\_\_\_ City/State: \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:**

Name	Address	Phone #
------	---------	---------

**IMPORTANT-** Please read the following statements carefully before you sign and return this application.

In considering my application for employment, Mountain BOCES may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporation, credit bureaus, law enforcement agencies, and doctors to supply any information concerning my background. I have read, understand, and agree to this statement, (please sign here) \_\_\_\_\_

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information may result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment. Likewise, the company can terminate my employment at any time, with or without cause. I have read, understand, and agree to this statement, (please sign here) \_\_\_\_\_

I understand that this application is good for three hundred-sixty (360) days from today's date. If I still desire a position with the agency after this application expires, it will be my responsibility to fill out a new application. Otherwise, the agency will not consider me for employment after this application expires.

"Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly."

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature as shown on Social Security Card

Please submit resume with application.