**PO Box 218, 421 Julian Avenue**

**Flagler, CO 80815-0218**

**Phone: 719-765-4684 Fax: 719-765-4418 Website: af20.net**

# **APPLICATION FOR SUPPORT STAFF EMPLOYMENT**

The Arriba-Flagler CSD #20 does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Superintendent of Schools, P.O. Box 218, Flagler, CO 80815, Telephone number: 719-765-4684.

*(Please Print)*

Position Applied for Date of Application

How did you learn about us?

Advertisement Friend Walk-In Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Agency Relative Internet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Name

Address/PO Box Number City State Zip Code

Home Phone Number Cell Phone Number Work Phone Number Social Security Number

# Are you legally eligible for employment in the U.S.A.? Yes No

# Have you ever been employed with the Arriba-Flagler C.S.D. #20 before? Yes No

# May we contact your present employer? Yes No

# Are you available to work: Full Time Part Time Temporary

Substitute (Full Day) Substitute (Half Day)

# School Year Assignment Full Year Assignment

# Can you travel if a job requires it? Yes No

On what date would you be available for work?

# Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain

Falsification or misrepresentation of any information provided shall be grounds for denial of employment or later termination after employment commences.

## EDUCATION:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name and Address of School | Course of Study | Years Completed | Diploma  Degree |
| Elementary School |  |  |  |  |
| High School |  |  |  |  |
| College |  |  |  |  |
| Other |  |  |  |  |

#### Indicate any foreign languages that you can speak, read, and/or write

|  |  |  |  |
| --- | --- | --- | --- |
|  | Fluent | Good | Fair |
| Speak |  |  |  |
| Read |  |  |  |
| Write |  |  |  |

#### Describe any specialized training, apprenticeship, skills and extra-curricular activities

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Teacher Aide or Substitute applicants must complete the following section:

Subject area preferred\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age level preferred\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# List work experience with children or special talents or hobbies that you could share with children

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Clerical applicants must complete the following section:

Please indicate office equipment that you are capable of operating or have experience with

IBM Compatible Computer Macintosh Computer Typewriter

Fax Machine Calculator Copiers

# Printers Multi-Line Telephone Systems \_\_\_\_\_\_\_\_\_\_\_\_\_

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Please list other office skills that you possess

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Maintenance/Operations and Bus Driver applicants must complete this section:

List Trade School or Job-Related Training Courses attended and completed

|  |  |  |
| --- | --- | --- |
| **Trade School / Course** | **Length of Course** | **Certificate / Degree** |
|  |  |  |
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Are you licensed to drive a vehicle? Yes No Type of License:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Issued by the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drivers License Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expires\_\_\_\_\_\_\_\_

# Has your driver’s license ever been revoked? Yes No When?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Have you been cited for a traffic violation in the last 5 years? Yes No

Give dates and violation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Have you had a vehicle accident of any type during the last 5 years? Yes No

Give dates and description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the extent of your heavier equipment driving experience?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Have you had Red Cross First Aid Training? Yes No Date on Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Are you available to work more than 5 hours per day (6:30 – 9:00 a.m. and 2:00 – 4:30 p.m.) Yes No

## EMPLOYMENT EXPERIENCE:

Please start with your present or last job. Include any job-related military assignments and volunteer activities.

|  |  |  |
| --- | --- | --- |
| Employer **#1** | Dates EmployedFrom To | Work Performed |
| Address |  |  |
| Telephone Number(s) | **Salary** Starting Final |  |
| Job Title Supervisor |  | Reason for Leaving |
| Employer **#2** | Dates EmployedFrom To | Work Performed |
| Address |  |  |
| Telephone Number(s) | **Salary** Starting Final |  |
| Job Title Supervisor |  | Reason for Leaving |
| Employer **#3** | Dates EmployedFrom To | Work Performed |
| Address |  |  |
| Telephone Number(s) | **Salary** Starting Final |  |
| Job Title Supervisor |  | Reason for Leaving |
| Employer **#4** | Dates EmployedFrom To | Work Performed |
| Address |  |  |
| Telephone Number(s) | **Salary** Starting Final |  |
| Job Title Supervisor |  | Reason for Leaving |

List professional, trade, business or civic activities and offices held. *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status if you so desire.)*

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State any additional information you feel may be helpful to us in considering your application.

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Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

# Are you capable of performing in a reasonable manner, with or without a reasonable Yes

accommodation, the activities involved in the job or occupation for which you have applied? No

A description of the activities involved in such a job or occupation may be available.

## REFERENCES:

|  |  |
| --- | --- |
| Name **#1** | Home Phone Number |
| Address | Work Phone Number |
| Name **#2** | Home Phone Number |
| Address | Work Phone Number |
| Name **#3** | Home Phone Number |
| Address | Work Phone Number |

## APPLICANT’S STATEMENT:

* I certify that answers given herein are true and complete to the best of my knowledge.
* I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
* This application shall be considered active for a period of one year. *Any applicant wishing to be considered for employment beyond one year should inquire as to whether applications are being accepted at that time.*
* I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.
* In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination.
* I understand, also, that I am required to abide by all rules and regulations of the Employer.

# Signature of Applicant Date