

**Saguache County**  
**Application for Employment**

**Please Print Legibly**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Administration Office.

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone Number \_\_\_\_\_ Mobile/Beeper/Other \_\_\_\_\_ E-Mail \_\_\_\_\_

Referral Source (How did you hear about us?) \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit?  Yes  No

If **no**, please explain \_\_\_\_\_

Have you ever been employed here before? If **yes**, give dates and positions \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

Date available for work \_\_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_

Type of employment desired  Full-time  Part-time  Temporary  Seasonal  Educational Co-Op

Driver's license number if driving may be required in position for which you are applying \_\_\_\_\_ State \_\_\_\_\_

Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?  Yes  No

If **yes**, please provide date(s) and details \_\_\_\_\_

**Employment History**

Starting with your most-recent employer, provide the following information.

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Employer \_\_\_\_\_ Dates employed \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Street Address \_\_\_\_\_ Compensation (Starting)  
 Hourly  Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Commission/bonus/other compensation \$ \_\_\_\_\_

Starting job title/final job title \_\_\_\_\_ Compensation (Final)  
 Hourly  Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Commission/bonus/other compensation \$ \_\_\_\_\_

Immediate supervisor and title (for most recent position held) \_\_\_\_\_  
May we contact for reference?  Yes  No  Later

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities. \_\_\_\_\_

What did you like most about this position? \_\_\_\_\_

What were the things you liked least about this position? \_\_\_\_\_

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## Employment History (Continued)

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Employer \_\_\_\_\_ Dates employed \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Street Address \_\_\_\_\_ Compensation (Starting)  
 Hourly  Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Commission/bonus/other compensation \$ \_\_\_\_\_

Starting job title/final job title \_\_\_\_\_ Compensation (Final)  
 Hourly  Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Commission/bonus/other compensation \$ \_\_\_\_\_

Immediate supervisor and title (for most recent position held) \_\_\_\_\_  
May we contact for reference?  Yes  No  Later

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities. \_\_\_\_\_  
\_\_\_\_\_

What did you like most about this position? \_\_\_\_\_  
\_\_\_\_\_

What were the things you liked least about this position? \_\_\_\_\_  
\_\_\_\_\_

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Employer \_\_\_\_\_ Dates employed \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Street Address \_\_\_\_\_ Compensation (Starting)  
 Hourly  Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Commission/bonus/other compensation \$ \_\_\_\_\_

Starting job title/final job title \_\_\_\_\_ Compensation (Final)  
 Hourly  Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Commission/bonus/other compensation \$ \_\_\_\_\_

Immediate supervisor and title (for most recent position held) \_\_\_\_\_  
May we contact for reference?  Yes  No  Later

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities. \_\_\_\_\_  
\_\_\_\_\_

What did you like most about this position? \_\_\_\_\_  
\_\_\_\_\_

What were the things you liked least about this position? \_\_\_\_\_  
\_\_\_\_\_

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Do you have any relatives (mother, father, sister, brother, spouse, children, grandparents, grandchildren, step parents, step children, sister in law, brother in law, parents in law, aunts, uncles, nieces, or nephews) who are **currently** employed by the County?  Yes  No  
If **yes**, Please give their names, their relationship to you, and the department that employs them.



## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

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Are you multi-lingual?  Yes  No. If **yes**, what language(s) in addition to English? \_\_\_\_\_

Computer skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing \_\_\_\_\_ Years \_\_\_\_\_  E-Mail \_\_\_\_\_ Years \_\_\_\_\_  
 Spreadsheet \_\_\_\_\_ Years \_\_\_\_\_  Internet \_\_\_\_\_ Years \_\_\_\_\_  
 Presentation \_\_\_\_\_ Years \_\_\_\_\_  Other \_\_\_\_\_ Years \_\_\_\_\_

## Educational Background

Starting with your most-recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed <input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	GPA/Class Rank	Major/Minor
_____	_____	<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	_____	_____
_____	_____	<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	_____	_____
_____	_____	<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	_____	_____

## References

List name and telephone number of three business/work references who are **not** related to you. If you do not have business/work experience, list three school or personal references who are **not** related to you.

Name	Title	Relationship to you	Telephone	Number of years known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## **Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing agencies and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or defined duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements to the contrary to the foregoing express language are valid unless they are in writing and signed by the Board of County Commissioners.

I also understand that if I'm hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment or (2) may result in my immediate discharge from the employer's service, whenever it is discovered..

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

## **SAGUACHE COUNTY DRUG AND ALCOHOL USE AND TESTING POLICY**

**PURPOSE:** It is the policy of Saguache County to provide, to the extent possible, a work environment which is free from use/abuse of alcohol, illegal substances, or excessive use of prescribed or “over the counter” medications by its employees. The County believes that it is detrimental to the health and safety of County employees and the public to permit the use or abuse of such substances while County employees are on duty.

**POLICY:** It is the policy of Saguache County that no employee will use illegal substances or alcohol while on duty for the County. No employee will report to work while under the influence of illegal substances, alcohol, or while using prescribed medications in a manner exceeding the directions of the Health Care Provider, or use exceeding the directions of “over the counter” medications. Violation of this policy can result in disciplinary proceedings, which may include discharge from employment.

**PRE-EMPLOYMENT TESTING:** All final candidates for employment with the County will be required to submit to a drug-screen. This will be set forth as a requirement in all announcements for applications for positions. Final Candidates will be screened for illegal substances at the County’s expense. A copy of those results will be maintained in the Saguache County Administration Office.

**RANDOM TESTING:** The County can conduct random testing of employees for the presence/use of Alcohol, illegal substances, or excessive use of prescribed substances. All employees of the County are subject to such testing. In the event of testing for Alcohol, any employee who is tested and has a B.A.C. of .05 or higher will be deemed to be in violation of this policy. All employees will be subject to testing for the presence of illegal substances, alcohol, or excessive use of prescribed medications, on a random basis. Randomly selected employees will be provided instructions as how to complete the required tests and the time period for completing the testing.

**FOR CAUSE TESTING:** All County employees are subject to “For Cause” testing when the employee’s Supervisor or appropriate Administrative personnel have probable cause to believe that the employee is under the influence of alcohol, illegal substances, or an excessive amount of prescribed or “over the counter” medication. Such testing may also be required following a serious work-related injury or accident. Any employee required to be tested under this provision will be provided information as to how to complete the required testing and will be provided transportation when appropriate to the test site.

**REFUSAL OF TESTING:** Any employee who refuses to be tested under this policy will be subject to disciplinary actions, up to and including discharge from employment. Compliance with this policy is a requirement of continued employment with Saguache County.

**POST-TEST PROCEDURES:** Any employee who tests positive for the presence of an illegal substance, excessive use of a prescribed medication or “over the counter” medication, or in the case of alcohol, has a B.A.C. of greater than .05, will be immediately suspended pending investigation.

**DRUG/ALCOHOL REHABILITATION:** Saguache County believes that it is in the best interest of employees and the public to permit employees who violate this policy to have one opportunity for rehabilitation. Any employee who violated this policy will be provided the opportunity to seek and successfully complete a substance abuse treatment program, when the circumstances of the violation, and the recommendation of a physician or counselor, indicates that such treatment is appropriate. Following the successful completion of the program, the employee will be required to submit to random testing. Failure to participate in or successfully complete a treatment program will result in the termination of the employee. A second violation of this policy will result in termination of employment with the County.

The County’s Health Insurance provides for treatment for substance abuse and will be available for employees who are covered and violate this policy. Employees who are not covered under the County’s healthcare insurance, and who desire to continue employment with the County, will need to make private arrangements for substance abuse treatment.