



East Central BOCES

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

P.O. Box 910 – 820 Second St.
Limon, CO 80828
Phone: 719-775-2342 Fax: 719-775-9714

CLASSIFIED APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Name: _____ Date: _____

Street/P.O. Box: _____ Soc. Security #: _____

City, State and Zip Code: _____ Home phone: _____

What Position are you applying for: _____ Cell Phone: _____

APPLICANT NOTE

The East Central BOCES application form is intended for use in evaluating the applicant's suitability for employment. It is not an employment contract. Please answer all the 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.

EDUCATION:

Name & location of

High School & Colleges

List by Most Recently Attended

Dates

Inclusive

Degrees or

Diplomas

Workshops

or Seminars

PHYSICAL/PERSONAL RECORD:

List any physical concerns: _____

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

Yes:___ No:___ Give Details:_____

Are you willing to travel as part of your job? Yes:_____ No:_____

Have you ever been convicted of a felony? Yes:_____ No:_____

If yes explain:_____

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

Are you a U.S. Citizen: Yes:_____ No:_____

If no, upon employment can you submit verification of your legal right to work in the United States?

Yes: _____ No: _____

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

Company Name: _____ Your Position: _____
 Address: _____ Supervisor's Name: _____
 City/State/Zip: _____
 Phone#: _____ From: _____ To: _____
 May we contact them? Yes: _____ No: _____

Company Name: _____ Your Position: _____
 Address: _____ Supervisor's Name: _____
 City/State/Zip: _____
 Phone#: _____ From: _____ To: _____
 May we contact them? Yes: _____ No: _____

Company Name: _____ Your Position: _____
 Address: _____ Supervisor's Name: _____
 City/State/Zip: _____
 Phone#: _____ From: _____ To: _____
 May we contact them? Yes: _____ No: _____

REFERENCES: List name, address, phone number, relationship and title of persons who can provide a recent reference for you.

1. _____

Name	Address	City	Zip
Relationship	Title/if applicable	Phone Number	
2. _____

Name	Address	City	Zip
Relationship	Title/if applicable	Phone Number	
3. _____

Name	Address	City	Zip
Relationship	Title/if applicable	Phone Number	

IMPORTANT: Please read carefully before you sign and return this application.

In considering this application for employment, BOCES may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, corporations, law enforcement agencies to supply any information concerning my background. I have read, understand, and agree to this statement.

Please initial 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 with this statement.

Please initial here: _____

I understand this application is good for one year from today's date. If I still desire a position with this agency after this application expires, it will be my responsibility to fill out a new application. Otherwise, this organization will not consider me for employment after this application expires. I also authorize East Central BOCES to share this application with any East Central BOCES member district.

Please initial here: _____

PLEASE ATTACH RESUME AND SUPPORTING DOCUMENTS TO THE BACK OF THIS APPLICATION

 Signature as shown on Social Security Card

 Date of Application Submission