

Peetz Plateau School District RE-5
PO Box 39
311 Coleman Ave
Peetz, CO 80747
Phone: (970)334-2435
Fax: (970)334-2360

Peetz Plateau School District RE-5 Application for Employment



PLEASE TYPE OR PRINT IN BLACK INK

NAME:				BIRTHDATE:	
Last	First	Middle	Suffix	Month/Day/Year	

BACKGROUND CHECK: If required for the job, would you be willing to submit to a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
DATE AVAILABLE FOR WORK: _____/_____/_____
DESIRED SALARY RANGE: _____ NAME OF POSITION APPLYING FOR: _____

NOTICE TO APPLICANT: "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."

THE FOLLOWING INFORMATION IS CONFIDENTIAL

SOCIAL SECURITY NUMBER:
DRIVER'S LICENSE: State: _____ Number: _____ Class: _____ Endorsements/Restrictions: _____
MAILING ADDRESS:
Street _____ Apt/Unit or PO Box _____
City _____ State _____ Zip Code _____
FIRST CONTACT PHONE NUMBER: ()
SECOND CONTACT PHONE NUMBER: ()
E-MAIL ADDRESS:

LICENSES/CERTIFICATION/REGISTRATIONS: Please provide a copy listed licenses/certificates etc.
Professional/Specialty License Type: _____ License Number: _____
Expiration Date: _____ State and/or Agency Granting License: _____

LANGUAGE PROFICIENCY: List language skills, other than English, you have and your level of proficiency (speak, read, write, etc.)
Language: _____ Level of Proficiency: _____

PEETZ PLATEAU SCHOOL DISTRICT RE-5 IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION HISTORY: This section must be accurate and complete. The application is used to determine if you meet the minimum job requirements as published in the job announcement.

High School Graduate: Yes No

GED: Yes No

UNIVERSITY/COLLEGE (UNDERGRADUATE, GRADUATE, POST GRADUATE)

Name		Location		Attended From - To (Mo-Yr)
Degree Awarded	Date	Major Field of Study	Minor Field of Study	Total Semester Hours
Name		Location		Attended From - To (Mo-Yr)
Degree Awarded	Date	Major Field of Study	Minor Field of Study	Total Semester Hours
Name		Location		Attended From - To (Mo-Yr)
Degree Awarded	Date	Major Field of Study	Minor Field of Study	Total Semester Hours

BUSINESS, TRADE, TECHNICAL, VOCATIONAL SCHOOL OR MILITARY TRAINING

Name		Location		Attended From - To (Mo-Yr)
Title of Program or Subjects Taken		Total Classroom Hours	Certificate Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Name		Location		Attended From - To (Mo-Yr)
Title of Program or Subjects Taken		Total Classroom Hours	Certificate Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Date

EMPLOYMENT HISTORY: List your employment history starting with the most recent job, including part-time, temporary, and volunteer jobs. If more than one job was held with a given organization, list each job held as a separate period of employment. Under "Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities as they relate to the job for which you are applying. Be complete and specific in detailing of duties. Information must be accurate. If it is found that information provided is falsified, you will not be considered for a job with the State of Colorado and/or may be removed from a job after hire. If you need additional space attach a separate sheet of paper using the same format.

EMPLOYER/Kind of Business		Your Job Title		DATES OF EMPLOYMENT	
Address(Street, City, State, Zip Code)				From: Mo	Yr
Supervisor Name:		Title:	Phone:	To: Mo	Yr
Duties:				Hours Per Week	
				Monthly Salary \$	
Reason for Leaving:					

EMPLOYER/Kind of Business		Your Job Title	DATES OF EMPLOYMENT	
Address(Street, City, State, Zip Code)			From: Mo	Yr
Supervisor Name:	Title:	Phone:	To: Mo	Yr
Duties:			Hours Per Week	
			Monthly Salary \$	
Reason for Leaving:				

EMPLOYER/Kind of Business		Your Job Title	DATES OF EMPLOYMENT	
Address(Street, City, State, Zip Code)			From: Mo	Yr
Supervisor Name:	Title:	Phone:	To: Mo	Yr
Duties:			Hours Per Week	
			Monthly Salary \$	
Reason for Leaving:				

EMPLOYER/Kind of Business		Your Job Title	DATES OF EMPLOYMENT	
Address(Street, City, State, Zip Code)			From: Mo	Yr
Supervisor Name:	Title:	Phone:	To: Mo	Yr
Duties:			Hours Per Week	
			Monthly Salary \$	
Reason for Leaving:				

REFERENCES: List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the job for which you are applying. Do not repeat names of supervisors listed under work history. They may be contacted as well.

Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone
Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone
Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone

CERTIFICATION:

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 understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from service, whenever it is discovered.

I expressly authorize, without reservation, this employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume 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 such information 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 excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I certify that I have read, fully understand and accept all the above stated terms.

Signature (unsigned applications may not be considered)	Date
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Peetz Plateau School District RE-5 is an Equal Opportunity Employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

THIS SPACE RESERVED FOR DISTRICT USE:	INTERVIEW TIME:	INTERVIEW DATE:
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**COLORADO DEPARTMENT OF EDUCATION
PRE-EMPLOYMENT DATA BASE SEARCH**

Pursuant to statute 22-32-109.7. prior to employment of any person, a school district shall make an inquiry concerning such person to the department of education for the purpose of determining whether such person has a felony background, or a misdemeanor crime involving unlawful sexual behavior or unlawful behavior involving children.

NAME _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

For office use only

Inquiry Person's Name: _____

Phone Number: 970-334-2361

School District: Plateau School District RE-5, Peetz Colorado

The above information must be called into CDE at 303-866-6966.

_____ Search completed Date _____

Results:

_____ No concerns

_____ Concerns (attach)

Signed _____