



EMPLOYMENT APPLICATION FORM

Instructions:

This form is required **only** for clerical, maintenance, and certain technical positions.
(see advertisement for application requirements)

If you have the full version of Adobe Acrobat:

1. Scroll down, fill out form, save, and attach as “other document” on the application site.

On-line application site: click to follow link. https://higherdecisions.com/cmcc/current_vacancies.asp

If you have Acrobat Reader:

1. Scroll down and print application form
2. Scan form and email it to jobs@coloradomtn.edu

Or

mail to
Colorado Mountain College
Human Resources
831 Grand Avenue
Glenwood Springs, CO 81601

Or

Fax 970-947-8324

- Please provide an email address on your application.
- Please note mailing or faxing may delay processing your application materials.

EDUCATION

<i>List Names of All Institutions Attended</i> High School or GED _____ _____ _____	Number of Years Completed	Diploma/Degree Certificate
College or University _____ _____ _____		
Vocational or Technical _____ _____		

SPECIAL SKILLS

Please list any foreign languages you read, write, or speak and your level of proficiency with each: _____

Office Skills: Typing _____ WPM Shorthand _____ WPM

What machines or equipment can you operate that are related to the job for which you are applying?

For driving jobs only: Do you have a valid driver's license? Yes No

Driver's license number: _____ Class of license: _____ State licensed in: _____

Have you ever had your driver's license suspended or revoked in the last three years?..... Yes No

If yes, give details _____

List professional, trade, business or civic activities and offices held (exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, or other protected status.) _____

COMPLETE THIS SECTION ONLY IF APPLYING FOR A TEACHING POSITION

TEACHING EXPERIENCE (Including student teaching)

From (month/year)	To (month/year)	Credit or Contact Hours	Name and Address of Employer and Supervisor	Subject Taught

WORK HISTORY

List names of employers in consecutive order with present or most recent employer listed first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer	Supervisor
Address	Employed
City, State, Zip Code	From (month/year) To (month/year)
Telephone	Pay
Title	Start \$ Final \$
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Reason for Leaving

Duties

Name of Employer	Supervisor
Address	Employed
City, State, Zip Code	From (month/year) To (month/year)
Telephone	Pay
Title	Start \$ Final \$
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Reason for Leaving

Duties

Name of Employer	Supervisor
Address	Employed
City, State, Zip Code	From (month/year) To (month/year)
Telephone	Pay
Title	Start \$ Final \$
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Reason for Leaving

Duties

Name of Employer	Supervisor
Address	Employed
City, State, Zip Code	From (month/year) To (month/year)
Telephone	Pay
Title	Start \$ Final \$
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Reason for Leaving

Duties

REFERENCES

Have you worked or attended school under any other names?.....Yes No

If yes, give names: _____

Are you presently employed?..... Yes No

If yes, may we contact your present employer?..... Yes No

Have you ever been fired from a job or asked to resign?..... Yes No

If yes, please explain _____

Please list three professional references whom the College may contact who have knowledge of your work/teaching experience and to who you are not related.

Name	Address	Telephone

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all the information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____