

PARK COUNTY GOVERNMENT

P.O. Box 1373, Fairplay, CO 80440
719-836-4349 (Ph) 719-836-3273 (Fax)

www.parkco.us

pcjobs@parkco.us

**Application
Road & Bridge Department**

PRINT all information. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application form. You must submit a separate application for each position for which you are applying. Resumes may be included with the completed application. The applicant is required to sign and date the last page of this application. Please read carefully, sign and date the Affidavit on the last page of this application.

JOB APPLIED FOR: _____ DATE: _____

WHEN ARE YOU AVAILABLE? _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Init: _____

Phone: _____

Current Address: _____
Street City/State Zip How Long? _____

Previous Address: _____
Street City/State Zip How Long? _____

Previous Address: _____
Street City/State Zip How Long? _____

Previous Address: _____
Street City/State Zip How Long? _____

**Required for commercial drivers*

MILITARY INFORMATION

Active Duty Service From _____ to _____

Branch of Service: _____

Service Duties: _____

Are you a member of a Reserve organization? _____

GENERAL INFORMATION

- 1. If required, are you willing to submit to a pre-employment drug test, physical exam, and background investigation? Yes ___ No ___
- 2. Have you ever been convicted of a felony? If yes, list dates, location, and resolution of each below. Yes ___ No ___
- 3. Have you ever applied for a position with Park County? If yes, list when and for what position: _____ Yes ___ No ___
- 4. Do you have any relatives currently employed by Park County? If yes, list the name(s), relationship(s), and department(s) below. Yes ___ No ___
- 5. Have you previously worked for Park County? If yes, list when and for what position: _____ Yes ___ No ___
- 6. Are you now or do you expect to be engaged in any other business or employment? If yes, please explain below. Yes ___ No ___
- 7. Have you missed any work during the past six months? If yes, please explain: _____ Yes ___ No ___

Please indicate the item number above to which the following further detailed explanation applies:

EDUCATION

High School Diploma or GED? Yes ___ No ___ Where? _____

Type of School	School Name/Location	Number of Years Attended	Did You Graduate?	Degree/Major
Undergraduate:	_____	_____	_____	_____
Graduate:	_____	_____	_____	_____
Vocational or Technical:	_____	_____	_____	_____
Other Training:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address: street number, city, state, and zip code. Applicants to drive a commercial motor vehicle** in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. List employers beginning with the most recent first.

***Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in quantity requiring placarding.*

Current Employer/Last Employer

Name: _____

Address: _____

Phone No. _____ May we contact Employer? Yes _____ No _____

Employed From _____ to _____ Contact Person: _____

Job Title: _____ Beginning Wage: _____ Ending Wage: _____

Description of Job Duties: _____

Reason for Leaving: _____

Previous Employer

Name: _____

Address: _____

Phone No. _____ May we contact Employer? Yes _____ No _____

Employed From _____ to _____ Contact Person: _____

Job Title: _____ Beginning Wage: _____ Ending Wage: _____

Description of Job Duties: _____

Reason for Leaving: _____

Previous Employer

Name: _____

Address: _____

Phone No. _____ May we contact Employer? Yes _____ No _____

Employed From _____ to _____ Contact Person: _____

Job Title: _____ Beginning Wage: _____ Ending Wage: _____

Description of Job Duties: _____

Reason for Leaving: _____

ACCIDENTS OR TRAFFIC CONVICTIONS

Provide accident record for the past 3 years or more (attach additional pages if more space is needed). If none, write none.

Dates	Nature of Accident	Fatalities /Injuries
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Last Accident: _____

Next Previous: _____

Next Previous: _____

Provide traffic convictions and forfeitures for the past 3 years (other than parking violations). If none, write none.

Location	Date	Charge	Penalty
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EXPERIENCE AND QUALIFICATIONS-DRIVER

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___
2. Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___

IF THE ANSWER TO QUESTION 1 OR 2 IS YES, ATTACH A STATEMENT GIVING DETAILS.

Provide Driver's License information below:

State	License No.	Type	Expiration Date
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Provide driving experience; if none, write none:

Equipment Class	Type of Equipment	From	To	Approx. Miles
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Straight Truck _____

Tractor/Semi-Trailer _____

Tractor/Two Trailers _____

Motor Coach/School Bus _____

Other _____

List states operated in for last 5 years: _____

List special courses or training that will help you as a driver: _____

List any safe driving awards you hold and from whom: _____

List any trucking, transportation, or other experience that may be applicable for the position for which you are applying: _____

List courses and training other than shown elsewhere in this application: _____

List special equipment or technical materials you can work with, other than those already shown: _____

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all 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 (except as previously noted), 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 have read, understand, and by my signature consent to these statements.

Signature: _____

Date: _____

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FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

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**REQUEST FOR
CHECK OF DRIVING RECORD**

I hereby authorize you to release the following information to Park County Government for the purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Applicant's Signature _____
Date

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508 as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following :

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify the this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-332, Title XXX, Section 300002(a)).

Requester's Signature _____
Date

TO: _____ FROM: Park County, P.O. Box 1373, Fairplay, CO 80440
 _____ NAME: _____
 _____ TITLE: _____
 SIGNED: _____

Dear Sir or Madam:

1. _____ The following named person has made application with Park County Government for the position of _____ In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past 3 years.

2. _____ The following named person has made application with Park County Government for the position of _____ In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past 3 years.

Name of Applicant: _____ Date of Birth: _____ SSN: _____
 Current Address: _____ License No.: _____
 Former Address: _____

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**REQUEST FOR INFORMATION
FROM PREVIOUS EMPLOYER**

I hereby authorize you to release the following information to Park County Government for the purposes of investigation as required by Sections 391.23 and 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Applicant's Signature

Date

MAIL TO: _____

FROM: Park County, P.O. Box 1373, Fairplay, CO 80440
NAME: _____
TITLE: _____
SIGNED: _____

Dear Sir or Madam:

The below named individual has made application to Park County for a position as _____ and states that he/she was employed by you as _____ from _____ to _____ We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience.

Thank you for your courtesy.

Name of Applicant: _____ SSN: _____

Dates of Employment: _____ To _____ Wage: _____

Did he/she drive a motor vehicle for you? _____ Straight Truck? _____ Tractor-Semi-trailer? _____
Bus? _____ Other (specify)? _____

Was he/she a safe driver? _____ Was his/her general conduct satisfactory? _____

Reason for Leaving? Discharged _____ Resignation _____ Lay-Off _____ Military Duty _____

Please advise history of past driving record if available for past three years: _____

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check (√) in the appropriate column.

Characteristics	Excellent	Good	Fair	Poor
Disposition, Tact, Ability to get along with others	_____	_____	_____	_____
Initiative, Resourcefulness	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____
Driving Skill	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Loyalty	_____	_____	_____	_____
Any other remarks:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Signature: _____

Title: _____

Date: _____