



**EMPLOYMENT HISTORY**

Employer's Name (Present or Last): \_\_\_\_\_ Your job title: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Dates employed (month, and year): From: \_\_\_\_\_ To: \_\_\_\_\_ Pay start: \_\_\_\_\_ Final: \_\_\_\_\_  
Job duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer's Name (Present or Last): \_\_\_\_\_ Your job title: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Dates employed (month, and year): From: \_\_\_\_\_ To: \_\_\_\_\_ Pay start: \_\_\_\_\_ Final: \_\_\_\_\_  
Job duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer's Name (Present or Last): \_\_\_\_\_ Your job title: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Dates employed (month, and year): From: \_\_\_\_\_ To: \_\_\_\_\_ Pay start: \_\_\_\_\_ Final: \_\_\_\_\_  
Job duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Please list any additional job related skills or experiences (i.e., volunteer work, certifications, daycare, etc.)

**FINGERPRINT REQUIREMENT HB 90-1077**

**If you are selected**, there is a requirement of having your fingerprints processed through the Colorado Bureau of Investigation and the Federal Bureau of Investigation.

Signature: \_\_\_\_\_

HEALTH

Are you presently able to perform all job functions on the position description, with or with out accommodation?  Yes  No

If not, indicate those job functions you are not able to perform: \_\_\_\_\_

Would you take a physical examination, if required?  Yes  No

(Note: The District may require physical examinations for certain jobs after a conditional offer of employment is made.)

GENERAL

Where you ever employed by Gilpin County School District?  Yes  No

If so, when? \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Do you speak or read a language other than English (include sigh language)?  Yes  No

If yes, please list and describe level of proficiency: \_\_\_\_\_

REFERENCES

List three (3) references or former employers

Name	Address	Phone	Occupation

I certify that the information furnished on this application is true and accurate. I understand and agree that any falsification, misrepresentation, misleading statement or omission of fact in either the application or during the pre-hire process will be sufficient reason for my not being offered employment or my immediate dismissal, at any time, if employed. I understand that failure to provide any of the information requested above may prevent consideration of my application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please complete this application and return to  
 Gilpin county School district Re-1  
 Human Resources  
 10595 Highway 119  
 Black Hawk, CO 80403

Gilpin County Schools does not discriminate on the basis of race, ethnicity, religion, sex, age, marital status or disability in admission or access to, or treatment of employment in its education programs or activities.



# Gilpin County School District RE-1

... developing life-long learners who possess self esteem and are productive citizens.

## Applicant's Oath

Date \_\_\_\_\_

Gilpin County School District RE-1 requires all school district applicants to submit a form certifying that the applicant **has, or has never been**, convicted of a felony or misdemeanor (other than a misdemeanor traffic offense or traffic infraction). At the time of employment, the district through the Colorado Bureau of Investigation and/or other law enforcement agencies will conduct a criminal record check. Fingerprints will be submitted to the Colorado Bureau of Investigation and Federal Bureau of Investigation for the purpose of conducting a police criminal background investigation. In the event of any discrepancy between this statement and the results of the investigation, the school district reserves the right to terminate the employment of such employee.

Name \_\_\_\_\_  
Last First Middle Maiden

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

I am the above listed applicant and I do hereby certify under penalty of perjury, either:

1. **HAVE YOU EVER** (as a juvenile or an adult) been convicted\*; pled *nolo contendere* (no contest); been placed on probation; enrolled in a pretrial diversion program or had adjudication withheld in a criminal offense, felony, misdemeanor or otherwise; or are there any criminal charges now pending against you other than a noncriminal traffic violation?

Yes  No

2. Have you ever been involuntarily terminated, asked to resign, or tendered your resignation to avoid termination in connection with any other employment?

Yes  No

3. Are you aware of any facts, which are likely to give rise to a claim by someone that you have behaved immorally or otherwise have affected the health, safety or welfare of children?

Yes  No

\*"Convicted" means a conviction by a jury or by a Court and shall also include the forfeiture of any bail, bond, or other security deposited to secure appearance by a person charged with having committed a felony or misdemeanor, the payment of a fine, a plea of *nolo contendere*, and the imposition of a deferred or suspended sentence by the Court.

If your answer is yes to any of the above questions, complete information below.

- A. Attach a detailed letter of explanation
- B. Provide court documents, if applicable, verifying the conviction(s)

Be advised that an affirmative answer does not automatically disqualify an applicant from consideration for employment.

I hereby authorize any employer, employee, law enforcement agency, administrator, state agency, institution or private information bureau to provide Gilpin County School District, or any person or agency authorized to request information on behalf of Gilpin County School District, any and all information they might have, personal or otherwise, with regard to any subject which may bear upon my fitness for employment.

This authorization to obtain records and information is not intended to permit the release of my medical records, medical information contained in my employment or education records, or information relating to any worker's compensation claims that may have been filed in conjunction with any prior employment, except as may be authorized by federal or state law.

This authorization shall be valid as long as the application remains active in Gilpin County School District, and if I should become employed by Gilpin County School District, for the duration of such employment. A photographic copy of such authorization shall be as valid as the original.

I certify that the information furnished on this oath is true and accurate. I understand and agree that any falsification, misrepresentation, misleading statement or omission of fact in either the application or during the pre-hire process will be sufficient reason for my not being offered employment or my immediate dismissal, at any time, if employed. I understand that failure to provide any of the information requested above may prevent consideration of my application.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE