



Date of application: \_\_\_\_\_ CDL Position applied for: \_\_\_\_\_  
Type of employment that you are seeking:  Full-time  Part-time  Temporary List days available for work: \_\_\_\_\_  
Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Mailing Address\*: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\*If at the above address less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street	City	State	Zip
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Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_ Other: \_\_\_\_\_  
May we contact you at your place of employment?  Yes  No Email Address: \_\_\_\_\_

**IMPORTANT INFORMATION AND INSTRUCTIONS**

We appreciate your interest in employment. The completion of this application represents your ability to provide written communication and to follow directions. Your completed application is the primary source of information for making selections for interviews.

1. A separate application must be submitted for each announced opening.
2. Applications must be received by the close of business on the announced closing date. Late applications will be rejected.
3. Do not substitute a resume in lieu of the employment application. Resumes are invited but will be accepted only as a supplement to the application.
4. Print clearly or type. Incomplete or illegible applications will not be processed.
5. Notify the Human Resources Office of any change in your telephone number or availability. Failure to do so may result in the removal of your application from further consideration.
6. All applications must be signed to certify that all statements are true and complete.
7. If you are hired for any position, Federal law requires that you provide proof of your eligibility to work in the United States within 72 hours of your hire date. Failure to provide such eligibility will void the offer of employment.

**GENERAL**

1. If hired, can you furnish proof you are eligible to work in the U.S.?  Yes  No  
If not, please explain \_\_\_\_\_
2. Are you 18 years of age or older?  Yes  No  
(If you are hired, you may be required to submit proof of age.)
3. Have you *applied* for a position with Gilpin County within the last year?  Yes  No  
If yes, what position(s) \_\_\_\_\_
4. Do you have any relatives working for Gilpin County?  Yes  No  
If yes, who and in what department(s) \_\_\_\_\_  
Have you been convicted of a crime, **excluding** misdemeanors and petty offenses in the past ten (10) years which has not been annulled, expunged or sealed by Court?  Yes  No  
If yes, give particulars \_\_\_\_\_  
(A conviction record will not necessarily be a bar to employment. Factors such as age at the time of the conviction, the nature and seriousness of the violation, rehabilitation and the effect on performance of the job for which you are applying will be taken into consideration.)
5. For jobs requiring a driver's license, please provide the following information:  
State \_\_\_\_\_ Class \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_
6. Are you currently aware of any limitation that would prevent you from performing the functions of the job you are applying for with or without accommodation?  Yes  No  
If yes, please explain \_\_\_\_\_

**MAIL or FAX Employment Application to:**  
Human Resources, P.O. Box 366, Central City, CO 80427 (physical address: 495 Apex Valley Rd, Black Hawk, CO 80422)  
Phone: (303) 951-3673 ~ Fax: (303) 951-3675 ~ Gilpin County Website <http://co.gilpin.co.us>

**PAST EMPLOYMENT INFORMATION.** We must have accurate and complete information on previous job tasks and levels of responsibility, as your work experience is an important factor in evaluating your qualifications. List names of employers in consecutive order with present or most recent employer listed FIRST for the last ten (10) years. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and business references. Attach additional sheets using the same format as needed.

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Your job title \_\_\_\_\_  
Pay: Start \_\_\_\_\_ Final \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving or seeking other employment \_\_\_\_\_

Were you subject to the FMCSRs<sup>1</sup> while employed?  YES  NO  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  YES  NO

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Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  YES  NO

<sup>1</sup>The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391-23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information

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

Print Name: \_\_\_\_\_

The U.S. Department of Transportation requires that driver applicants state their date of birth (§391.21(b)(2)).

Date of Birth: \_\_\_\_\_  
month/day/year

**EDUCATION**

School	Name and Address	Course of Study	Years Completed Degree Received	Graduation Date
High School or GED			Circle last year completed 9 10 11 12 GED	
College or University				
Vocational or Technical Training				
Vocational or Technical Training				

**DRIVER EXPERIENCE & QUALIFICATION LICENSES**

Driver's Licenses held in past 3 years must be shown.	State	License No.	Class	Endorsement(s)	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" to A or B attach a statement giving details.

**DRIVING EXPERIENCE** Check Yes or No

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT		DATES FROM(M/Y) TO (M/Y)	APPROX. NO OF MILES (TOTAL)
	YES	NO		
STRAIGHT TRUCK	<input type="checkbox"/>	<input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)	
TRACTOR AND SEMI-TRAILER	<input type="checkbox"/>	<input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)	
TRACTOR – TWO TRAILERS	<input type="checkbox"/>	<input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)	
TRACTOR – THREE TRAILERS	<input type="checkbox"/>	<input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)	
MOTORCOACH – SCHOOL BUS	<input type="checkbox"/>	<input type="checkbox"/> NO More than 8 passengers	_____	
MOTORCOACH – SCHOOL BUS	<input type="checkbox"/>	<input type="checkbox"/> NO More than 15 passengers	_____	
OTHER				

**ACCIDENT RECORD for past 3 years** (Attach separate sheet of paper if more space is needed.)

Dates	Nature of Accident (Head-on, rear end , etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident				
Next Previous				
Next Previous				

**TRAFFIC CONVICTIONS AND FORFEITURES for the past 3 years (other than parking violations)**If none, write **none**. (Attach separate sheet of paper if more space is needed.)

Location	Date	Charge	Penalty

**SPECIAL SKILLS**

1. What skills or additional training do you have that are related to the job for which you are applying (including computer skills)?

\_\_\_\_\_

\_\_\_\_\_

2. What machines or equipment can you operate that are related to the job for which you are applying? (i.e. grader, backhoe, roller, etc.)

\_\_\_\_\_

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

If yes, give name(s): \_\_\_\_\_

**REFERENCES**

List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the position for which you are applying. Do not repeat names of supervisors listed under work history. "References provided upon request" will not be accepted.

Full Name	Address	Occupation	Phone Number

**AFFIDAVIT, CONSENT AND RELEASE**  
**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.

It is agreed and understood that Gilpin County or the County's agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of furnishing such information. It is also agreed and understood that under the Fair Credit Reporting Act; Public Law 91-508, I have been told that this investigation may include investigating Consumer Report, including information regarding my character, general reputation, person characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this application for Qualification in no way obligates Gilpin County to employ the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

It is agreed that the applicant has the right to review information provided by previous employers, also the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.

It is agreed that applicant has the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation regulated employment history investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment.

The Driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA (Federal Motor Carrier Safety Administration).

I understand I may be required to successfully pass a pre-employment drug screen and pre-employment physical. I hereby consent to a pre-employment drug screen and physical 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. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

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

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

This application for employment will remain active a limited time.

## Permission for Release of Records

Record information available at Drivers License offices and 1881 Pierce St.  
All other requests available only at 1881 Pierce St., Lakewood, CO.

I hereby authorize the release of records maintained by the Colorado Department of Revenue, Motor Vehicle Division pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (42-72-204, 42-1-206, 42-3-125 CRS).

Printed Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

Purpose for which records are released: PRE-EMPLOYMENT CHECK

Requestor's Name: Lorrie Ray \_\_\_\_\_

Company: Mountain States Employers Council \_\_\_\_\_

Address: 1799 Pennsylvania Street \_\_\_\_\_

City: Denver State: Colorado Zip code: 80201 \_\_\_\_\_

**FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION**  
**DISCLOSURE**

As an applicant for employment or a current employee of Gilpin County, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, Gilpin County may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a *consumer reporting agency* is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as Gilpin County.

A *consumer report* means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An *investigative consumer report* means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

**AUTHORIZATION**

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize Gilpin County to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at Gilpin County. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above. This report may be delivered in either written or electronic form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth