



COMMUNITY LINK

EMPLOYMENT LINK · HOME LINK · FAMILY LINK

6290 Lookout Road Boulder, CO 80301 (303) 527-0627

www.communitylinkcolorado.org

An Affirmative / Equal Opportunity Employer

Application for Employment Confidential

Date _____

Name _____

Address _____
Number/ Street City State Zip

Phone Number: _____ Email: _____

Social Security# _____ Date available to begin employment: _____

Position applying for: _____ Minimum Salary Required: _____

Type of employment do you desire?
_____ Full time _____ Part time _____ Substitute _____ Temporary

Desired number of hours per week: _____ Desired work days: _____

How did you learn about this agency/job opening? _____

Have you ever filed an application with us before? Yes ___ Date _____ No ___

Are you 18 or older? Yes ___ No ___ **Are you a U.S. Citizen? Yes ___ No ___**

If no, what type of Visa do you have? _____

Employment History (start with most recent employer)

1. Employer _____

Address _____

Start Date: _____ Leaving Date: _____

Start Salary: _____ Leaving Salary: _____

Title & Duties _____

Supervisor's Name & Title: _____

Supervisor's Phone Number: _____

Is your current performance satisfactory? Yes ___ No ___

May we contact your employer now? Yes ___ No ___ If no, when? _____

Explain reason for leaving (or wanting to leave) _____

2. Employer _____

Address _____

Start Date: _____ Leaving Date: _____

Start Salary: _____ Leaving Salary: _____

Title & Duties: _____

Supervisor's Name & Title: _____

Supervisor's Phone Number: _____

Was your performance satisfactory? Yes ___ No ___

May we contact your employer? Yes ___ No ___

Explain reason for leaving: _____

3. Employer _____

Address _____

Start Date: _____ Leaving Date: _____

Start Salary: _____ Leaving Salary: _____

Title & Duties: _____

Supervisor's Name & Title: _____

Supervisor's Phone Number: _____

Was your performance satisfactory? Yes ___ No ___

May we contact your employer? Yes ___ No ___

Explain reason for leaving: _____

Education & Training

	Name/Location	Date Attended To From	Degree/Major
High School or Equivalence			
College/ University			
Other			
Other			

Comments:

Registered, Certified, or Licensed Professionals

Profession	State Issued	Date Issued	Renewal

Comments:

List any special qualifications or skills you have not covered elsewhere in this application.

Computers & Software you are familiar with: _____

Professional organization memberships (please feel free to exclude those which might indicate race, color, religion or national origin):

Have you ever been fired or asked to resign? Yes ___ No ___ If yes, please explain:

Have you ever used another name? Yes ___ No ___ If yes, please list:

In the last seven years, have you been convicted of or pleaded guilty to a crime, other offense, including any felony or misdemeanor? (Conviction will not necessarily disqualify an applicant from employment)

Yes ___ No ___ If yes, what was the nature of the crime and when was the trial?

Military Service

Branch _____ From _____ To _____ Rank at discharge _____

Titles and duties _____

DMV/Auto information

Do you have a valid driver's license? Yes ___ No ___

State Issued by _____ Number _____ Expiration Date _____

Do you have regular access to a car or other reliable means of transportation? Yes ___ No ___

Do you have liability insurance on your vehicle? Yes ___ No ___

Statement of Qualification

Please describe your qualifications for this job:

(A valid driver's license is required. Physical demands include lifting 60 lbs or more, pushing,

pulling, stooping, bending, twisting, reaching, turning, driving, sitting, walking and computer use. Knowledge of Boulder County resources and community locations is helpful.)

References:

Give names, address, and telephone number of three references who are not related to you and are not previous employers:

1. _____
2. _____
3. _____

Applicant's Statement

I have applied for employment with Community Link and certify that answers given herein are true and complete to the best of my knowledge. I authorize Community Link to investigate all statements made in this application and understand that providing misleading or false information on this application or in an interview may result in dismissal. I understand that Community Link will verify all information provided is complete and correct.

I hereby release Community Link and its representatives from liability for seeking information. I also release from liability any persons, organizations, or corporations for providing information regarding, but not limited to, my character, general reputation, personal characteristics, professional skills and criminal background.

I understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means the employee may resign at any time and the employer may discharge the employee at any time for any reason. It is further understood that this "at will" employment relationship may not be changed by any written document or by any assumed or explicit verbal assurance. I release Community Link and Community Link employees from any liability related to providing information following my separation from Community Link.

In the event of employment, I understand I am required to abide by all Community Link Policies and Procedures as well as all State of Colorado Medicaid rules and regulations.

Applicant Name	Signature	Date
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