

Return Application To:
Human Resource Office, Room 200
Rio Grande County Courthouse
Del Norte, CO 81132
(719) 657-4217
humanresources@riograndecounty.org

RIO GRANDE COUNTY Employment Application

For
Public Health Nurse
Job Location: Rio Grande County Public Health Department

“An Equal Opportunity Organization”

Instructions: Please print, write or type all information clearly. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name and the position title. You may also attach copies of documents or certificates, which support your application. All materials submitted become the property of Rio Grande County and will not be returned. All statements made on this application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment.

Name _____
Last Name First Name MI

Today's Date: _____ Email Address: _____

Phone Numbe: _____ Other Telephone: _____

Present Address: _____
Street City State Zip

Mailing Address: _____
(If different) Street City State Zip

Previous Address: _____
Street City State Zip

EMPLOYMENT HISTORY: The information you provide, in addition to education, will be used to determine if you meet the minimum qualifications, and in some cases, placement on the eligibility list for the position you are seeking. Give a complete record including part-time work and volunteer experience and indicate number of hours worked weekly. Indicate date, month and year beginning and ending for each position held and a thorough description of duties performed for each. Start with your current or most recent employer. You may attach a separate sheet for additional information.

Employer:		Description of your work:	
Address:			
Telephone: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>			
Current Salary:	Position Title:	Number and type of people you supervised:	Dates From: To:
Supervisor's name and title:	Reason for changing employment:	May we contact your present employer?	
Employer:		Description of your work:	
Address:			
Telephone: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>			
Salary:	Position Title:	Number and type of people you supervised:	Dates From: To:
Supervisor's name and title:	Reason for changing employment:	May we contact this employer?	
Employer:		Description of your work:	
Address:			
Telephone: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>			
Salary:	Position Title:	Number and type of people you supervised:	Dates From: To:
Supervisor's name and title:	Reason for changing employment:	May we contact this employer?	
Employer:		Description of your work:	
Address:			
Telephone: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>			
Salary:	Position Title:	Number and type of people you supervised:	Dates From: To:
Supervisor's name and title:	Reason for changing employment:	May we contact this employer?	

Employer:		Description of your work:	
Address:			
Telephone:		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Salary:	Position Title:	Number and type of people you supervised:	Dates From: To:
Supervisor's name and title:	Reason for changing employment:	May we contact this employer?	

Additional Employment information: State briefly any accomplishments, hobbies, skills, scholastic honors, interests, or experiences that you would like noted. Attach additional sheets if necessary.

Circle Highest Grade Completed					Do you have a high school equivalency certificate or GED certificate?
Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 1 2 3 4	Graduate 1 2 3	Ph. D. 4	

	School Name and Location	Dates Attended		Date Graduated	Degree Awarded (BA, MB, PHD)	Credit Hours Earned	Major Subject	Minor Subject
		From	To					
Grade School								
High School Or GED								
College Or University								
Graduate								
Other Education (Trade or Business)								

Are you studying now? _____ If so where? _____ Courses: _____
School and Location

Military Service: Date of Service _____ From To Branch: _____ Type of Discharge: _____	Describe Primary Duties:
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References: List Three (3) personal references who are not relatives or former employers

Name and Occupation	Address	Telephone Number

Qualified applicants will receive consideration for employment without regard to race, religion, color, sex, age, national origin or disability as established by Federal Law and State Law.

<p>Have you ever worked for Rio Grande County? Yes _____ No _____</p>	<p>Lowest Acceptable Salary:</p>
<p>If yes, please give date(s) of employment:</p>	<p>When are you available to begin work, if selected for employment?</p>

<p>Are you related to any employee of or is any member of your household employed by Rio Grande County? Yes _____ No _____</p>	<p>Since your 18th birthday, have you been convicted of any violation of the law other than a minor traffic offense? Yes _____ No _____</p>
<p>If yes, please give person's Name: Relationship to you: County and Department:</p>	<p>Note: A conviction does not automatically mean you cannot be employed by the Association. The nature of the offense, how long ago it occurred, etc. are given consideration. If yes, please give Nature of Offense: Name and location of court: Disposition of case: Date:</p>

