

Return Applications To:
Rio Grande County
Debra Hite
Human Resources
925 6th St. Room 207 Del
Norte, Co. 81132 (719)
657-2744
humanresources@riograndeco
nty.org

**Rio Grande County Application for
Employment For
WEEK END COURT ADMINISTRATIVE
ASSISTANT**

Rio Grande Sheriff's Office
"An Equal Opportunity Employer"

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 Middle

Today's Date _____ Email Address _____

Home Telephone: _____ Other Telephone: _____ DOB: _____

Present Physical Address: _____
Street City State Zip Code

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"/>			
Position/Title	Supervisor Position	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"/>			
Position/Title	Supervisor Position	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"/>			
Position/Title	Supervisor Position	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"/>			
Position/title	Supervisor position:	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	Part Time	
Position/Title	Supervisor Position:	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 4	Ph. D. Yes No	Yes	No

	School Name and Location	Dates Attended		Date Graduated	Degree Awarded (BA, MB, PIM)	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? Yes No If so where? _____ Courses: _____

School and Location _____

Military Service: Yes No

Date of Service from _____ To _____

Branch: _____

Type of Discharge: _____

Describe Primary Duties:

Have you ever worked for Rio Grande County? Yes No

If yes, please give date(s) of employment and department: From: _____ To: _____

When are you available to begin work, if selected for employment? Date: _____

Lowest Acceptable Salary:

Are you related to a county employee or is any member of your household employed by Rio Grande County?

Yes No If yes, please give person's

Name: _____ Relationship to you: _____

Employing Department: _____

Since your 18th birthday, have you been convicted of any violation of the law other than a minor traffic offense?

Yes No

Note: A conviction does not automatically mean you cannot be employed by the county. 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: _____

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, State Law, County Ordinance, and County Executive Order.

Rio Grande County Sheriff's Office
640 Cherry Street, Del Norte, Co 81132
Phone: 719-657-4000
Fax: 719-657-2108
E-Mail: sheriff@riograndecounty.org



Sheriff
Donald G McDonald

UnderSheriff
Chris Crown

RELEASE AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I, _____ authorize the Rio Grande County Sheriff's Office and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize (Name of Law Enforcement Agency) _____ and all persons, schools and companies authority to release any information concerning my background. I hereby release (Law Enforcement Agency) _____, persons, schools, and companies from any liability for any damage whatsoever for issuing the information.

The following information is provided:

Name: _____

Address: _____

DOB: _____

Dates of employment: _____
