



Mesa County Criminal Justice Services
 P.O. Box 20,000
 Grand Junction, CO 81502-5021
 (970) 244-1855

MESA COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Complete every section. If a question does not apply to you, put N/A. If you need additional space to respond to any section, attach a sheet of paper with the written information. You are responsible for obtaining correct and complete addresses.
All information is subject to verification. Any deliberate misstatements, misrepresentation or omissions by you is cause for disqualification for employment consideration.
This application must be completed in full whether a resume is included or not.

PRINT IN INK --- DO NOT TYPE

POSITION(S) APPLIED FOR:			DATE:		
NAME: LAST	FIRST	MIDDLE	ALIAS(ES), NICKNAMES, OTHER NAME CHANGES		
PRESENT MAILING ADDRESS:			SOCIAL SECURITY NUMBER	ARE YOU LEGALLY ALLOWED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU WILLING TO RE-LOCATE TO MESA COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AVAILABLE FOR WORK:	EMAIL ADDRESS:	DAY TIME PHONE: EVENING/MESSAGE PHONE:		
Are you able to perform the essential functions of the position for which you have applied? <input type="checkbox"/> YES <input type="checkbox"/> NO	May we contact your present employer concerning your work performance? <input type="checkbox"/> YES <input type="checkbox"/> NO		Minimum Salary Acceptable: \$ _____ per _____		
Any of the following conditions may be required to work at the Mesa County Criminal Justice Services Dept. Your inability to satisfy these work schedules may limit further consideration of your application. Please indicate whether you are able to perform:	a) Shift Work? (Other than 8 a.m. to 5 p.m., e.g.) <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever worked for Mesa County before? <input type="checkbox"/> YES <input type="checkbox"/> NO If so list positions held and dates of employment below.		
	b) Overtime Work and Working on Holidays? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you at least 21 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO		
c) Rotational Work Schedule? <input type="checkbox"/> YES <input type="checkbox"/> NO		d) A Work Schedule that includes Saturday and/or Sunday? <input type="checkbox"/> YES <input type="checkbox"/> NO			

How did you find out about this position? _____

Space for detailed Answers: _____

The information requested henceforth is used for determining your qualifications and suitability for a position with this agency.

RESIDENCES

List all residences in the **last five (5) years**, beginning with your present address.

From: Mo/Yr	Street address:		If rental, Landlord Name: <u>Reason for moving?</u>
To: Present	City/State/Zip	County	Landlord Address/Phone Number:
From: Mo/Yr	Street Address:		If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County	Landlord Address/Phone Number:
From: Mo/Yr	Street Address:		If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County	Landlord Address/Phone Number:
From: Mo/Yr	Street Address:		If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County	Landlord Address/Phone Number:
From: Mo/Yr	Street Address:		If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County	Landlord Address/Phone Number:
From: Mo/Yr	Street Address:		If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County	Landlord Address/Phone Number:
From: Mo/Yr	Street Address:		If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County	Landlord Address/Phone Number:
From: Mo/Yr	Street Address:		If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County	Landlord Address/Phone Number:
From: Mo/Yr	Street Address:		If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County	Landlord Address/Phone Number:

WORK HISTORY/EMPLOYMENT RECORD

Start with your present or most recent position and work backwards through your experience through the **last ten (10) years**; including part-time, temporary, or seasonal employment and any military service. Identify part time jobs with "PT" and temporary jobs with "TEMP" in "Job Title" section. **Please identify by month and year any period of unemployment of 30 days or more.** Attach additional sheets, if necessary, and a resume if you desire. Every effort will be made to contact previous employers, therefore, it is critical that *the correct telephone numbers are provided.*

This section must be completed in full whether a resume is included or not.

From Mo/Yr	Name of Present Employer	Job Title	Name of Supervisor
To Mo/Yr Present	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why are you seeking different employment? (Be specific)	
Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state circumstances: _____ _____ Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why did you leave? (Be specific)	
Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state circumstances: _____ _____ Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			
From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why did you leave? (Be specific)	
Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state circumstances: _____ _____ Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			

WORK HISTORY/EMPLOYMENT RECORD – CONTINUED

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why did you leave? (Be specific)	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? Yes No If yes, please state circumstances: _____

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? Yes No
If yes, please explain: _____

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why did you leave? (Be specific)	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? Yes No If yes, please state circumstances: _____

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? Yes No
If yes, please explain: _____

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why did you leave? (Be specific)	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? Yes No If yes, please state circumstances: _____

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? Yes No
If yes, please explain: _____

Attach additional pages if necessary

EDUCATION / SKILLS

Circle highest school grade completed: 9 10 11 12 13 14 15 16 17 18 19 20														
List high schools attended. (If GED, give number, location, and date received)														
Name of School				Complete Address										
Higher Education: List information below:														
Name and Location of College or University				Dates Attended		Credit Hours		Major		Type of Degree		Year Received		
				From	To									
Special Qualifications: List relevant skills, training, college courses, and special schools (trade, vocational, business, etc.)														
Related Office Experience/Skills: Mark as many as apply														
Yes	No					Yes	No							
		Personal Computer						Accounting						
		Typing/Key Boarding Speed: _____ WPM						Word Processing						
		Writing/Designing Reports						Grant Writing						
		Database Experience						Other Office Equipment - list:						
List all computer programs that you are familiar with and rate your proficiency by placing and "X" accordingly:														
Product: _____ Version: _____ Proficiency Level: __Beginning __Intermediate __Advanced														
Product: _____ Version: _____ Proficiency Level: __Beginning __Intermediate __Advanced														
Product: _____ Version: _____ Proficiency Level: __Beginning __Intermediate __Advanced														
Product: _____ Version: _____ Proficiency Level: __Beginning __Intermediate __Advanced														
Foreign Language: List foreign languages and your level of ability for each by placing an "X" in the proper column.														
Language			Reading			Speaking			Understanding			Writing		
			Exc	Good	Fair	Exc	Good	Fair	Exc	Good	Fair	Exc	Good	Fair

MILITARY STATUS

Although not required, we appreciate your attaching an official copy of the DD214.

Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Service and Component:
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Grade and Service Number:	Date of Enlistment	Discharge Date	Discharge Type
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Are you a member of U.S. Reserve? Yes No If yes, complete the following:
 Organization and Station, or Unit and Location: _____
 Indicate Reserve obligation: _____
 Discharge date: _____

VOLUNTEER SERVICE

List all volunteer service including internships

From Mo/Yr	Name of Organization	Job Title	Name of Supervisor
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To Mo/Yr	Address/State/Zip	Telephone Number
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Briefly describe your duties:

Were you ever discharged, asked to resign, or subjected to disciplinary action while with this organization? Yes No
 If yes, please state circumstances:

From Mo/Yr	Name of Organization	Job Title	Name of Supervisor
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To Mo/Yr	Address/State/Zip	Telephone Number
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Briefly describe your duties:

Were you ever discharged, asked to resign, or subjected to disciplinary action while with this organization? Yes No
 If yes, please state circumstances:

From Mo/Yr	Name of Organization	Job Title	Name of Supervisor
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To Mo/Yr	Address/State/Zip	Telephone Number
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Briefly describe your duties:

Were you ever discharged, asked to resign, or subjected to disciplinary action while with this organization? Yes No
 If yes, please state circumstances:

VEHICLE OPERATOR'S LICENSE INFORMATION

Give the following information concerning your vehicle operator's license(s) (Driver's, Chauffeur's, Etc.)

Type	State of Issue	Expiration Date	License Number

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No
 If yes, explain fully:

Describe in brief any traffic accidents in which you were involved, giving approximate dates and locations:

Date of Accident (approx)	Location (City/State, etc)	Briefly describe accident

TRAFFIC AND CRIMINAL OFFENSE INFORMATION

Complete the following for each occurrence that you received a summons or ticket, that you were arrested, and/or detained by the police. Include all traffic citations and offenses, criminal offenses, and all military disciplinary actions regardless of formality and punishment. List occurrences as an adult and as a juvenile.

Date	Police/Military Agency	Location (City/State)
Offense/Charge		Disposition
Date	Police/Military Agency	Location (City/State)
Offense/Charge		Disposition
Date	Police/Military Agency	Location (City/State)
Offense/Charge		Disposition
Date	Police/Military Agency	Location (City/State)
Offense/Charge		Disposition

REFERENCES

List two personal AND two work references. **Do not list relatives or former employers.**

1. Personal Reference Name:		Years Known:	
Complete Address: City, State, Zip		Home Phone:	
Business Address:		Business Phone:	
2. Personal Reference Name:		Years Known:	
Complete Address: City, State, Zip		Home Phone:	
Business Address:		Business Phone:	
3. Employment Reference Name:		Years Known:	
Complete Address: City, State, Zip		Home Phone:	
Business Address:		Business Phone:	
4. Employment Reference Name:		Years Known:	
Complete Address: City, State, Zip		Home Phone:	
Business Address:		Business Phone:	
List any friends, relatives or acquaintances employed by Mesa County or the Criminal Justice Services Department and their relationship to you. _____			
Have you applied for a position with CJSD before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____			
Do you have an active application on file with another County Department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list.			
Date of Application	Department	Address	Status, if known
Have you ever been denied employment by any other law enforcement or corrections agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list agency, date and reason for denial:			

Mesa County HR/Personnel
PO Box 20,000
Grand Junction, CO 81502-5021

Please complete your
name and mailing address:



Notice of Job Application Received

**Thank you for your interest in employment with Mesa County.
Your application has been received and will be reviewed. We
will contact you ONLY if you are among the candidates
selected for an interview and/or testing.**

**Mesa County Human Resources/Personnel Dept
PO Box 20,000
Grand Junction, CO 81502-5021**

PERSONAL INFORMATION QUESTIONNAIRE

Completion of this form is voluntary.
The following information is for government record keeping and reporting purposes.

**This form is CONFIDENTIAL and will NOT be included with your application
and will have NO bearing upon the process of considering you for employment.**

Today's Date: _____

Name: _____

Birthdate (Month/Day/Year): _____

Job Applying For: _____

GENDER:

- Female
 Male

RACE:

- White - origins in Europe, North Africa or Middle East
 Asian - origins in Far East, Southeast Asia, India or Pacific Islands
 Black - origins in Africa
 Hispanic - origins in Mexico, Puerto Rico, Cuba, Central or South America
 American Indian - origins in North America, to include Alaska
 Other

PHYSICAL CONDITION:

- Not Disabled
 Disabled

VETERAN/U.S. MILITARY STATUS:

- Non-Veteran
 Veteran

ACTIVE NATIONAL GUARD OR RESERVIST:

- Yes
 No

Information on this page will NOT be kept in your applicant file.

Please review information on last page.