

# Seeds of Learning

575 South 7<sup>th</sup> Street/ POB 5831

Pagosa Springs, CO 81147

970-264-5513

## APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

The Civil Right Act of 1964 prohibits discrimination in employment because of race, color, religion, or national origin. Public Law 90-202 prohibits discrimination because of age. The laws of some states prohibit some or all of the above-mentioned discrimination.

Date \_\_\_\_\_ Email address: \_\_\_\_\_

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
City State Zip

How many years have you lived at this address? \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Previous Address \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
Street City State Zip

Position applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Why do you want to work at Seeds of Learning? \_\_\_\_\_  
\_\_\_\_\_

List any relatives working for us. \_\_\_\_\_

If hired, on what date would you be able to start work? \_\_\_\_\_

List qualifications for the position applying for \_\_\_\_\_  
\_\_\_\_\_

Are there any experiences or skills that you feel would especially qualify you for this position? \_\_\_\_\_

What is your highest level of education completed? \_\_\_\_\_

Have you ever been convicted of a crime including sex related or child sexual abuse? No \_\_\_\_\_ Yes \_\_\_\_\_

Are you presently charged with committing a crime? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, describe in full \_\_\_\_\_

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**EMPLOYMENT HISTORY**

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Employer

Telephone No.

Street

City

State

Zip

Your Title

List specific duties relevant to position for which applying:  

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Reason for leaving \_\_\_\_\_

Dates of Employment: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hours per week \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Salary \$ \_\_\_\_\_ hour \_\_\_\_\_ week \_\_\_\_\_ month

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**EMPLOYMENT HISTORY**

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Employer

Telephone No.

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Your Title

List specific duties relevant to position for which applying:  

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Reason for leaving \_\_\_\_\_

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Hours per week \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Salary \$ \_\_\_\_\_ hour \_\_\_\_\_ week \_\_\_\_\_ month



**Thank you for completing this application form and for your interest in employment with us.**

**PLEASE READ CAREFULLY  
APPLICANT'S CERTIFICATION AND AGREEMENT**

I understand that any of the following will be sufficient for rejection of my application or termination of my employment: 1) False or deceptive information or omissions from the employment history record in this application, 2) Unfavorable background or reference checks. I hereby authorize and request each and every former employer, person, firm, corporation, and educational institution to answer any and all questions that may be asked and hereby release and hold such persons harmless for giving any and all information within their knowledge or records. I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this investigation. In addition, my signature on this application form will serve as authorization to release any and all information recorded on or attached to this application to any state or federal investigation agency.

“Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” employment nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

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Signature (use ink)

Date