

WORK HISTORY

(List your entire work history including part-time, temporary, and volunteer jobs. List jobs in reverse order – starting with your present or last job. Be specific in listing job duties, attach additional sheet if needed.)

EMPLOYER: _____

ADDRESS: _____ CITY STATE ZIP TELEPHONE NUMBER: _____

EMPLOYMENT DATES: FROM _____ TO: _____
Month Year Month Year

YOUR TITLE OR POSITION: _____ SUPERVISOR: _____

DUTIES: _____

HOURS PER WEEK: _____ YEARS ON JOB: _____ REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____ CITY STATE ZIP TELEPHONE NUMBER: _____

EMPLOYMENT DATES: FROM _____ TO: _____
Month Year Month Year

YOUR TITLE OR POSITION: _____ SUPERVISOR: _____

DUTIES: _____

HOURS PER WEEK: _____ YEARS ON JOB: _____ REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____ CITY STATE ZIP TELEPHONE NUMBER: _____

EMPLOYMENT DATES: FROM _____ TO: _____
Month Year Month Year

YOUR TITLE OR POSITION: _____ SUPERVISOR: _____

DUTIES: _____

HOURS PER WEEK: _____ YEARS ON JOB: _____ REASON FOR LEAVING: _____

WORK HISTORY *continued*

(List your entire work history including part-time, temporary, and volunteer jobs. List jobs in reverse order – starting with your present or last job. Be specific in listing job duties, attach additional sheet if needed.)

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ADDRESS: _____ CITY _____ STATE _____ ZIP _____ TELEPHONE NUMBER: _____

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EDUCATION & TRAINING

EDUCATION (Circle last grade completed) 5 6 7 8 9 10 11 12 13 14 15 16 17 18

NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED: _____

GRADUATED? _____ YES _____ NO _____ YEAR GED CERTIFICATE: _____

GED CERTIFICATE ISSUED BY _____ YEAR: _____

NAME & LOCATION COLLEGE OR UNIVERSITY	MAJOR	MINOR	YRS. ATTENDED	CREDIT HOURS	DEGREE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER SCHOOLS OR TRAINING, PROFESSIONAL LICENSES, CERTIFICATES, WORKSHOPS ATTENDED
(Trade, Vocational, Armed Forces): _____

SPECIAL QUALIFICATIONS OR SKILLS (Typing, shorthand, office machines, honors, awards):

.....
Please write a brief statement explaining why you would like to work for an organization that serves young children.

What contribution can you personally make to Child Development Services?



REFERENCES

List three people who are not related to you and who have specific knowledge of your qualifications.

NAME	COMPLETE ADDRESS	TELEPHONE
NAME	COMPLETE ADDRESS	TELEPHONE
NAME	COMPLETE ADDRESS	TELEPHONE

IMPORTANT, READ BEFORE SIGNING

I certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand and agree that I shall be subject to immediate dismissal from employment if investigation at any time discloses such misrepresentation or falsification, my application may be rejected, my name removed from register, and be disqualified from applying in the future for any position under the jurisdiction of Otero Junior College. I understand my statements are submitted under penalty of perjury and understand the penalty for making false statements. "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 that nothing contained in the Application for Employment, or in the granting of an interview, in any way implies that I will be employed. I understand that if I am hired, I will be required to provide OJC CDS with proof of my identity and of my eligibility for employment in the United States. If hired, I understand, my employment will be contingent on my name clearing the State Automated System for Child Protection and CBI or FBI Background Investigation.

I authorize investigation of all statements and matters contained in this application which Otero Junior College Child Development Services may deem relevant to my employment; and authorize all my previous employers or other persons having information concerning me or my record to report such information to OJC CDS. I release each such person from all claims or liabilities whatsoever on account of making such inquiry or making such disclosures whether favorable or unfavorable. I give Child Development Services permission to verify any information regarding application. I believe that I am qualified to perform the duties of the job classification for which this application is submitted.

SIGNATURE

DATE