



EMPLOYMENT APPLICATION

OFFICE OF THE DISTRICT ATTORNEY
FIRST JUDICIAL DISTRICT
JEFFERSON AND GILPIN COUNTIES
500 Jefferson County Parkway, Golden, Colorado 80401
Phone: 303-271-6800 Fax: 303-271-6888

An Equal Opportunity Employer

We do not discriminate on the basis of race, religion, color, national origin, sex, age, veteran status, sexual orientation, disability or political affiliation or activity. We intend for all qualified applicants to be given an equal opportunity and that selection decisions be based on job-related factors.

General Instructions:

1. Print or type all information so that it is legible. If more space is needed to answer an individual question, please attach a separate page with question number noted before your answer.
2. If an item does not apply to you write "N/A" meaning "Not Applicable".
3. A completed application is required.
4. Any misstatements, misrepresentations or omissions will be cause for disqualification from employment consideration or termination if employed.
5. All information is subject to verification.
6. Resumes may be included with the completed application.
7. The applicant is required to sign and date the last page of the application. Applications must either be dropped off at the First Judicial District Attorney's Office at the address noted above or faxed to 303-271-6888 by the application deadline.

Date: _____

POSITION FOR WHICH YOU ARE APPLYING: _____

POSITION NUMBER: _____

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	BUSINESS/MESSAGE PHONE	
CELL PHONE	E-MAIL ADDRESS	
MAILING ADDRESS (If different from above)		

GENERAL INFORMATION

PLEASE CHECK ONE OF THE FOLLOWING	YES	NO
1. Are you over 18 years of age?		
2. If hired, can you submit verification of your legal right to work in the United States?		
3. Do you have any relatives/friends that work for Jefferson or Gilpin County Government? If yes, please list name(s) and relationship(s) to you and who they work for in the County: _____		
4. If required, are you willing to submit to a pre-employment drug test, physical exam, background investigation, degree verification, polygraph and fingerprinting?		
5. In the past, have you worked for Jefferson or Gilpin County Government? If so, when and in what position(s)? _____		
6. Are you a Certified Peace Officer? If so, please give state, certification number and date of issue: _____		
7. To the best of your knowledge, can you perform the essential functions of the position for which you have applied with or without accommodations?		
8. If required, are you willing to work weekends, holidays, and overtime?		
9. Have you or any member of your family ever been convicted of or are you or any member of your family currently charged with a felony, misdemeanor or traffic offense? If yes, please give date(s), location and details: _____ _____ _____		
<i>Note: Answering yes to this question does not constitute an automatic bar to employment. Factors such as your age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. Do not include minor traffic infractions or convictions for which the record has been sealed or expunged. Due to the nature of work performed by this office, we have an obligation to ascertain possible conflicts of interest that may be created by your employment with us. Please answer the questions completely. NOTE: For purposes of this application, family members include spouse, children, brothers, sisters, parents, in-laws, and/or other relatives or "significant other" with whom you reside or have a close relationship with.</i>		
10. Have you or any member of your family ever been a victim or a witness in a criminal case? If yes, please explain: _____		
11. Are you currently on bail or on a personal recognizance bond pending disposition of a criminal matter? If yes, please give the date(s) and details: _____		
12. If you are married and your spouse is licensed to practice law in Colorado, please answer the following question: Does your spouse or the firm with which your spouse is employed do any criminal defense work in the Jefferson or Gilpin Courts?		

EDUCATION/SKILLS/LICENSES

School	Name & Address	Major	Last Year Completed	Did you Graduate?	Diploma/Degree	GPA
High School or GED			1 2 3 4			
College			1 2 3 4			
Other (Specify)			1 2 3 4			

Are there any other experiences, skills, qualifications, education or licenses that you would like to be considered? _____

SPECIAL SKILLS OR QUALIFICATIONS

Please place a check mark next to any skill that you possess.

Typing/Keyboarding WPM Word Processing PowerPoint
 Transcription/Dictaphone Data Entry Access
 Spreadsheets Switchboard Excel
 10-key by touch NCIC/CCIC (OSN Clearance Yes or No)
 Other _____

List relevant skills, foreign language, training or college courses and any professional or special licenses or certificates you possess: _____

VOLUNTEER SERVICE: List all Law Enforcement or other related volunteer or reserve service:

Name of Agency: _____ Dates of Service: _____

Job Title: _____ Duties: _____

Name of Agency: _____ Dates of Service: _____

Job Title: _____ Duties: _____

EMPLOYMENT HISTORY

Please list the names of your present or previous employers in chronological order with present or last employer listed first for at least ten years, including part-time, temporary and seasonal employment. Identify part-time jobs with "PT" and temporary jobs with "TEMP". Be sure to account for all periods of time, including any period of unemployment. If self-employed, give firm name and supply business references. Use additional pages if necessary. **Please fill this section out completely; an incomplete application will not be considered. Resumes can be included, but may not be used in place of completing the application.**

****Use mo/yr for Dates of Employment****

Present or Last Employer:	Dates of Employment From: To:
Address:	
Name of Supervisor:	Phone:
Duties:	
Starting Salary:	Ending Salary:
Reason for Leaving:	

****You will be notified prior to your current employer being contacted****

Past Employer:	Dates of Employment From: To:
Address:	
Name of Supervisor:	Phone:
Duties:	
Starting Salary:	Ending Salary:
Reason for Leaving:	

Past Employer:	Dates of Employment From: To:
Address:	
Name of Supervisor:	Phone:
Duties:	
Starting Salary:	Ending Salary:
Reason for Leaving:	

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Address:	
Name of Supervisor:	Phone:
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Name of Supervisor:	Phone:
Duties:	
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Name of Supervisor:	Phone:
Duties:	
Starting Salary:	Ending Salary:
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Past Employer:	Dates of Employment From: To:
Address:	
Name of Supervisor:	Phone:
Duties:	
Starting Salary:	Ending Salary:
Reason for Leaving:	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with an employer? No ___ Yes ___. If yes, when did this occur and what were the circumstances?

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No ___ Yes ___. If yes, when did this occur and what were the circumstances?

Please fully explain any gaps in your employment history: _____

TRAFFIC INFORMATION

Do you have a valid Colorado driver's license? Yes _____ No _____ Provide the following information for the past ten years.			
TYPE of Driver's License	State of Issue	Expiration Date	License Number
Have you ever been denied issuance of a driver's license or have you ever had a driver's license suspended or revoked? Yes _____ No _____ If yes, what year did this occur and why? _____ _____			
Have you ever been involved as a driver in a motor vehicle accident? Yes _____ No _____. If yes, was a summons issued? _____ To whom? _____ Violation? _____ Location? _____ Date? _____ Injury _____ Non-Injury _____			

RESIDENCE

Please list all of your residences during the last 10 years. Begin with your most current residence.

Address of Residence	City, State, & Zip Code	Dates		If rented, give name and address of the person responsible for the collection of rent
		From month/year	To month/year	

NARCOTICS

Have you used or possessed any illegal drugs in the last 3 years to include, but not limited to, marijuana, hashish, cocaine or taken any depressants, amphetamines, methamphetamine, tranquilizers, etc., that have not been prescribed for you by a physician? Yes _____ No _____ If yes, complete the following for each type of drug(s) used:

Type of Illegal Drug	How many times	Date of last time used

USE CONTINUATION SHEET AS NEEDED

Have you **ever** sold or given any illegal drugs, narcotics, marijuana, hashish, etc., to anyone? Yes _____ No _____ If yes, what drug(s)? _____

How many times? _____ When was the last time? _____

Do you associate with any person or persons who use illegal drugs, narcotics, or marijuana? Yes _____ No _____ If yes, please explain: _____

MILITARY

Have you served in a regular component of the Armed Forces? Yes _____ No _____

If yes, what branch of service? _____ Dates Served: From: _____ To: _____

Type of Discharge: _____ Duties and skills while in the Military: _____

Were you ever subject to any demotion or other disciplinary action while in the military service? Yes _____ No _____ If yes, please explain: _____

Promotions, awards, medals, schools, etc. _____

Are you a member of the Military Reserves? National Guard? Yes _____ No _____

REFERENCES

List three people who know you well enough to provide current and past information about you. Do not list relatives.			
NAME	ADDRESS	PHONE	LENGTH AND TYPE OF RELATIONSHIP

AFFIDAVIT

APPLICANT ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF THIS APPLICATION

IT IS IMPORTANT THAT YOU READ THIS SECTION CAREFULLY AND THAT YOU FULLY UNDERSTAND IT **BEFORE** YOU SIGN IT. THIS SECTION AFFECTS YOUR LEGAL RIGHTS. IF YOU HAVE ANY QUESTIONS, PLEASE ASK A REPRESENTATIVE OF THE OFFICE OF THE DISTRICT ATTORNEY (**HEREIN REFERRED TO AS "OUR OFFICE"**) **BEFORE** YOU SIGN THIS APPLICATION.

By signing page 10 of this application, you promise that all information you have supplied in this application and any other form, oral or written, is complete, true and accurate. Any misstated, misleading, incomplete, or false information is grounds for rejection of this application form, refusal to hire, withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered. Your promise is made with the understanding that your statements will be relied upon in the hiring process. The District Attorney's Office will not consider applications that are not completed in full. If you disagree with the statements, policies and procedures below, you should not fill out an employment application form and should not seek employment with the District Attorney's Office for the 1st Judicial District.

In the event of my employment to a position with the District Attorney's Office, I will comply with all rules and regulations of the office. I further understand that the office may obtain, or cause to be obtained, public records, including court records, criminal history, Department of Motor Vehicles, credit reports and educational records about me as part of a background investigation and that in certain circumstances I may waive my right to receive a copy of such public records. To the extent that a background investigation is to be conducted by a third party, I understand that the applicable documentation and certification required by the Federal Credit Reporting Act and the State will be provided to me.

I further understand that the office may contact my previous employers. I authorize those employers to disclose to the office all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, educational institutions, as well as other individuals who release information to the office, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as references to provide the office with any pertinent information they may have regarding myself.

IF YOU HAVE ANY QUESTIONS REGARDING THIS **APPLICANT ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF THIS APPLICATION**, PLEASE ASK AN OFFICE REPRESENTATIVE BEFORE SIGNING. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE TERMS AND CONDITIONS AND UNDERSTAND THEM.

I hereby acknowledge that I have read the above terms and conditions and understand the same. I further acknowledge by my signature below that no promise or offer of employment has been made to me at this time.

Applicant's Printed Name

Date

Applicant's Signature

ADDITIONAL DOCUMENTATION

COPY OF SPECIAL LICENSE/CERTIFICATE (IF APPLICABLE)

**FIRST JUDICIAL DISTRICT ATTORNEY'S OFFICE
VOLUNTARY STATISTICAL RECRUITMENT INFORMATION**

The information is requested to let us know if we are succeeding in recruiting all qualified individuals, without regard to race, religion, age, color, national origin, disability, sex or political affiliation or activity. You are not required to complete this form. Providing this information is voluntary. The information requested is utilized for statistical reporting purposes, and will not be used in evaluating your application for employment with the First Judicial District Attorney's Office.

Name: _____ Phone: Work _____ Home _____
Mailing Address: _____ Date of Birth: _____
City, State & Zip: _____
Social Security #: _____ Sex: Male: ___ Female: ___

Select and mark one of the racial/ethnic categories in which you wish to be identified:

___ ASIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands, and Somoa.

___ AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

___ BLACK (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

___ HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

___ WHITE (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

How did you find out about this job?

- ___ Friend
- ___ Jefferson County Web Page
- ___ Newspaper (Which one? Be specific.) _____
- ___ First Judicial District Attorney's Office Web Page
- ___ Colorado District Attorney's Council
- ___ Other (Be specific about this information.) _____