



APPLICATION FOR CLASSIFIED POSITION

Date of Application: _____

Position for which you are applying:	
When would you be able to begin work?	

PERSONAL DATA:

Name:	Last	First	Middle
Email Address:			
Present Address:	Street	Apt.:	
City:	State:		Zip:
Telephone #:	Home	Work	
Summer Telephone # (if different from above):			

IN EMERGENCY NOTIFY:

Name:	
Telephone:	
Address:	
Relationship:	

Return completed application to:

Pikes Peak BOCES
4825 Lorna Place
Colorado Springs, CO 80915
(719) 570-7474 Fax: (719) 380-9685

EQUAL OPPORTUNITY EMPLOYER

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

EDUCATION

High School/College	State	Major	Minor	Degree	Conferred

Additional training or preparation you have had (workshops, inservice, etc.) that improved your qualifications for this specific position:

SKILLS

Typing: _____ WPM

Computer Experience/Knowledge: Yes _____ No _____

Specific hardware/software programs: _____

REFERENCES (These must be in reference to your professional experience or training)

Name	Address	Position	Phone #

If considered for a position, PPBOCES retains the right to contact all references.

Applicants may attach a resume or personal data sheet or, as appropriate, college transcripts or placement files.

This application will be retained on file for one year.

EMPLOYMENT HISTORY

Please list your last three employers, beginning with the most current*

Company Name:		Telephone #:	
Address:	Street	PO Box	
City:		State:	Zip:
Job Title and Brief Description of Duties:			
Reason for leaving:			
Salary:		Date of Employment: <i>to</i>	

Company Name:		Telephone #:	
Address:	Street	PO Box	
City:	State:	Zip:	
Job Title and Brief Description of Duties:			
Reason for leaving:			
Salary:		Date of Employment: <i>to</i>	
Company Name:		Telephone #:	
Address:	Street	PO Box	
City:	State:	Zip:	
Job Title and Brief Description of Duties:			
Reason for leaving:			
Salary:		Date of Employment: <i>to</i>	

*You may attach a list of additional employment experience.



To facilitate compliance with the Department of Health, Education and Welfare requests for information for the Office for Civil Rights, please complete the information requested below. This information is to be used only for statistical reporting purposes, **AND IS OPTIONAL.**

Name:			
Sex:	Male ____	Female ____	
What is your ethnic background?			
Hispanic ____	Black ____	Native Alaskan ____	White ____
Asian/Pacific Islander ____	American Indian ____	Other ____	
Are you an individual with disability?	Yes ____	No ____	
If yes, in what way?			

Revised 8/08