Please complete as you would for an employer.
Print and use black or blue ink only.

## COLORADO EMPLOYMENT FIRST MASTER APPLICATION

SS# (last 4 digits):	
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Date: \_\_\_\_\_

		PERSONAL DATA					
LAST NAME:		FIRST NAME:			MIDDLE INITIAL:		
ADDRESS (NUMBER AND STREET):		CITY:		STATE:	ZIP:	ZIP:	
Mailing ADDRESS (if different from above):		CITY:		STATE:	ZIP:	ZIP:	
PHONE NUMBER (HOME):	PHONE NUMBER (HOME): PHONE NUMBER		GE):				
E-MAIL:		ARE YOU CURRENTLY EMP		YES	No		
POSITION DESIRED:		SALARY EXPECTED:	DATE AVAILABLE:				
ARE YOU EITHER A U.S. CITIZEN OR LEGAL U.S	S. RESIDENT AUTHOR	IZED TO WORK IN THE UNIT	ED TO WORK IN THE UNITED STATES?			No	
		WORK HISTORY				·	
	ST YOUR EMPLOYM	IENT STARTING WITH YOU		ENT JOB			
COMPANY NAME:			JOB TITLE:				
ADDRESS:				DATES OF EMPLOYMENT:			
PHONE NUMBER:	SUPERVISOR'S NAM	E:		SALARY:			
DUTIES:							
REASON FOR LEAVING:							
COMPANY NAME: JC		JOB TITLE:					
ADDRESS:			l	DATES OF	EMPLOYMENT:		
PHONE NUMBER:	SUPERVISOR'S NAME:			SALARY:			
DUTIES:							
REASON FOR LEAVING:							
COMPANY NAME: JOB TITLE:			JOB TITLE:				
ADDRESS:				DATES OF	EMPLOYMENT:		
PHONE NUMBER:	SUPERVISOR'S NAM	E:		SALARY:			
DUTIES:	1						
REASON FOR LEAVING:							

EDUCATION									
	NAM	E AND LOCATION OF SCHOOLS	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED				
HIGH SCHOOL									
COLLEGE									
TRADE, BUSINESS OR CORRESPONDENCE									
OTHER									
		MILITAR	Y						
BRANCH: DATE ENTERE			ED:		DATE DISCHA	RGED:			
RANK:	PRESENT MEMBER NATIONAL GUARD (			/ES		YES	NO		
DUTIES:									
		OTHER							
HAVE YOU EVER BEEN CONVICTED OF A FELONY?						YES	NO		
IF YES, PLEASE EXPLAIN:									
MACHINES OR TOOLS YOU CAN	,								
		REFERENC	ES						
LIST 3 REFERENCES BELOW WH	O HAVE KNOV	VLEDGE OF YOUR JOB SKILLS, WORK	( HABITS OR CI	HARACTER.					
NAME		TITLE		COMPANY		PHONE NUMBER			
I CERTIFY THAT ALL INFORMATION ON THIS APPLICAION IS CORRECT. I REALIZE THAT THIS INFORMATION IS SUBJECT TO VERIFICATION AND THAT MY EMPLOYMENT IS CONTINGENT UPON ITS ACCURACY.									
SIGNATURE:				DATE:					
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