



# STATE OF COLORADO DEMOGRAPHIC INFORMATION

PLEASE TYPE OR PRINT IN BLACK INK

A completed Announced Vacancy Application Form must be attached to this completed form.

NAME:			
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### THE FOLLOWING INFORMATION IS CONFIDENTIAL

_____ Person ID (Agency Use only)		
MAILING ADDRESS:		
FIRST CONTACT PHONE NUMBER:		
SECOND CONTACT PHONE NUMBER:		
E-MAIL ADDRESS:		

### VOLUNTARY INFORMATION

The information in this box is voluntary. Information is requested for federal record keeping purposes only. This sheet will be permanently separated from the rest of your application. It is the policy of the state that its work force reflects the diversity of the state.

**ETHNICITY/RACE- Please select one or more of the following choices:**

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native, not Hispanic or Latino | <input type="checkbox"/> Hispanic or Latino  |
| <input type="checkbox"/> Asian, not Hispanic or Latino                             | <input type="checkbox"/> Native Hawaiian or Pacific Islander, not Hispanic or Latino |
| <input type="checkbox"/> Black or African American, not Hispanic or Latino         | <input type="checkbox"/> White or Caucasian, not Hispanic or Latino                  |
|  | <input type="checkbox"/> Two or More Races, not Hispanic or Latino                   |

**GENDER:**     Male     Female

**BIRTH DATE:** Some state jobs have a legally required minimum age. Provide your entire birth date to be considered for these type(s) of jobs.

Month:                      Day:                      Year:

**VETERAN'S PREFERENCE INFORMATION:** Under the Colorado Constitution, art. XII, sec. 15, qualified veterans and surviving spouses are eligible for preference points when taking a competitive examination, other than a promotional examination. If you are an honorably discharged veteran or unremarried surviving spouse of a veteran who served on active duty in the United States Armed Forces during one of the periods for which the federal government awards veteran's preference points, you may claim points on a competitive examination for a position with the state personnel system. Please attach a copy of a DD214 form and other supportive documentation for veteran's points to be awarded to your final passing score(s). If you are a current or previous state employee you cannot claim veteran's preference points unless you earned the points after becoming a state employee.

- 1 - Disabled Veteran     2 - Veteran     3 - Disabled Vietnam Era Veteran     4 - Vietnam Era Veteran     5 - Unremarried Surviving Spouse

**COLORADO DRIVER'S LICENSE:**

**BACKGROUND CHECK:** If required for the job, would you be willing to submit to a background check?     Yes     No

**STUDENT LOAN INFORMATION:**

Do you have any outstanding loans or an obligation to a state-supported institution of higher education?     Yes     No

If yes, is this loan or obligation past due?     Yes     No

**COLORADO IS AN EQUAL OPPORTUNITY EMPLOYER**



# STATE OF COLORADO APPLICATION FOR ANNOUNCED VACANCY

**A completed Demographic Information Form must be attached to this completed form when submitted to the agency listed in the job announcement.**

<b>JOB TITLE AS ANNOUNCED:</b>				
<b>CLASS CODE:</b>				
<b>POSITION NUMBER:</b>				
<b>AGENCY ANNOUNCING VACANCY:</b>				
<b>NAME:</b> Last Name		First Name	Middle Name	<b>Person ID (Agency Use only):</b>

<b>Recruitment Information:</b> Check the <b>one (1)</b> that best describes how you learned about the job you have applied for.	
<input type="checkbox"/> A. State of Colorado (CO-Jobs) website <input type="checkbox"/> B. State Agency website <input type="checkbox"/> C. Other website <input type="checkbox"/> D. Denver Post <input type="checkbox"/> E. Other newspaper <input type="checkbox"/> F. State Agency newspaper/newsletter <input type="checkbox"/> G. Radio <input type="checkbox"/> H. Television	<input type="checkbox"/> I. Posted announcement at State Agency Office <input type="checkbox"/> J. Posted announcement at Workforce Center <input type="checkbox"/> K. Posted announcement at School Placement Office <input type="checkbox"/> L. Job Fair <input type="checkbox"/> M. Friend/Relative <input type="checkbox"/> N. Current State Employee <input type="checkbox"/> O. Other

<b>FOR AGENCY USE ONLY</b>		
<b>Application Received:</b>	<b>Application Entered:</b>	
<b>Application Reviewed:</b>		
ACCEPTED	REJECTED	CONDITIONAL ACCEPT
Reason for reject/conditional accept:		
<input type="checkbox"/> Education	<input type="checkbox"/> Experience	<input type="checkbox"/> Education and Experience
		<input type="checkbox"/> Other
Second Review of Application:	AGREE	DISAGREE

<b>NAME:</b>				Person ID (Agency Use only):
<b>Job Title:</b>				<b>Position Number:</b>
<b>LICENSES/CERTIFICATION/REGISTRATIONS:</b> If a license/certificate/registration is required for the job for which you are applying (e.g., Journeyman Plumber, Professional Engineer, etc.) complete the following:				
Professional/Specialty License Type:			License Number:	
Expiration Date:		State and/or Agency Granting License:		

<b>LANGUAGE PROFICIENCY:</b> List language skills, other than English, you have and your level of proficiency (speak, read, write, etc.)	
Language:	Level of Proficiency:

<b>EDUCATION HISTORY:</b> This section must be accurate and complete. The application is used to determine if you meet the minimum job requirements as published in the job announcement.			
High School Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No		GED: <input type="checkbox"/> Yes <input type="checkbox"/> No	

UNIVERSITY/COLLEGE (UNDERGRADUATE, GRADUATE, POST GRADUATE)				
Name:		Location:		Attended From - To (Mo-Yr)
Degree Awarded:		Date:	Major Field of Study:	Minor Field of Study:
				Total Semester Hours:
Name:		Location:		Attended From - To (Mo-Yr)
Degree Awarded:		Date:	Major Field of Study:	Minor Field of Study:
				Total Semester Hours:
Name:		Location:		Attended From - To (Mo-Yr)
Degree Awarded		Date	Major Field of Study	Minor Field of Study
				Total Semester Hours

BUSINESS, TRADE, TECHNICAL, VOCATIONAL SCHOOL OR MILITARY TRAINING				
Name		Location:		Attended From - To (Mo-Yr)
Title of Program or Subjects Taken		Total Classroom Hours	Certificate Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Name		Location:		Attended From - To (Mo-Yr)
Title of Program or Subjects Taken		Total Classroom Hours	Certificate Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Date

<b>NAME:</b>			Person ID (Agency Use only):		
<b>Job Title:</b>			<b>Position Number:</b>		
<p><b>EMPLOYMENT HISTORY:</b> List your employment history starting with the most recent job, including part-time, temporary, and volunteer jobs. If more than one job was held with a given organization, list each job held as a separate period of employment. Under "Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities as they relate to the job for which you are applying. Be complete and specific in detailing of duties. Information must be accurate. If it is found that information provided is falsified, you will not be considered for a job with the State of Colorado and/or may be removed from a job after hire. If you need additional space attach a separate sheet of paper using the same format.</p>					
EMPLOYER/Kind of Business		Your Job Title		DATES OF EMPLOYMENT	
Address(Street, City, State, Zip Code)				From: Mo	Yr
Supervisor Name:		Title:	Phone:	To: Mo	Yr
Duties:				Hours Per Week	
				Monthly Salary \$ .00	
				Number Professional Employees Supervised: 0	
				Number Non-Professional Employees Supervised: 0	
Reason for Leaving:					

EMPLOYER/Kind of Business		Your Job Title		DATES OF EMPLOYMENT	
Address(Street, City, State, Zip Code)				From: Mo	Yr
Supervisor Name:		Title:	Phone:	To: Mo	Yr
Duties:				Hours Per Week	
				Monthly Salary \$ .00	
				Number Professional Employees Supervised:	
				Number Non-Professional Employees Supervised:	
Reason for Leaving:					

<b>NAME:</b>				Person ID ( <u>Agency Use only</u> ):
<b>Job Title:</b>				<b>Position Number:</b>
EMPLOYER/Kind of Business		Your Job Title		DATES OF EMPLOYMENT
Address(Street, City, State, Zip Code)				From: Mo Yr
Supervisor Name:		Title:	Phone:	To: Mo Yr
Duties:				Hours Per Week
				Monthly Salary \$ .00
				Number Professional Employees Supervised:
				Number Non-Professional Employees Supervised:
Reason for Leaving:				

EMPLOYER/Kind of Business		Your Job Title		DATES OF EMPLOYMENT
Address(Street, City, State, Zip Code)				From: Mo Yr
Supervisor Name:		Title:	Phone:	To: Mo Yr
Duties:				Hours Per Week
				Monthly Salary \$ .00
				Number Professional Employees Supervised:
				Number Non-Professional Employees Supervised:
Reason for Leaving:				

<b>NAME:</b>				Person ID ( <u>Agency Use only</u> ):
<b>Job Title:</b>				<b>Position Number:</b>
EMPLOYER/Kind of Business		Your Job Title		DATES OF EMPLOYMENT
Address(Street, City, State, Zip Code)				From: Mo Yr
Supervisor Name:		Title:	Phone:	To: Mo Yr
Duties:				Hours Per Week
				Monthly Salary \$ .00
				Number Professional Employees Supervised:
				Number Non-Professional Employees Supervised:
Reason for Leaving:				

EMPLOYER/Kind of Business		Your Job Title		DATES OF EMPLOYMENT
Address(Street, City, State, Zip Code)				From: Mo Yr
Supervisor Name:		Title:	Phone:	To: Mo Yr
Duties:				Hours Per Week
				Monthly Salary \$ .00
				Number Professional Employees Supervised:
				Number Non-Professional Employees Supervised:
Reason for Leaving:				

<b>NAME:</b>			Person ID ( <u>Agency Use only</u> ):		
<b>Job Title:</b>				<b>Position Number:</b>	
EMPLOYER/Kind of Business			Your Job Title		DATES OF EMPLOYMENT
Address(Street, City, State, Zip Code)				From: Mo	Yr
Supervisor Name:			Title:	Phone:	To: Mo
					Yr
Duties:				Hours Per Week	
				Monthly Salary \$ .00	
				Number Professional Employees Supervised:	
				Number Non-Professional Employees Supervised:	
Reason for Leaving:					

<b>REFERENCES:</b> List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the job for which you are applying. Do not repeat names of supervisors listed under work history. They may be contacted as well.		
Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone
Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone
Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone
<b>CERTIFICATION:</b> I certify that I possess the experience, education and/or licenses required for the job for which I am applying. I also certify that all statements, information and documents provided with this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that omissions, misleading, false or untrue information, or any attempt at fraud or deceit in any manner connected with this application and subsequent testing may result in my NOT being considered for jobs with the State of Colorado; may constitute grounds for discipline and/or termination after hire; and/or may constitute grounds for further actions pursuant to law. If requested, I can and will supply documentation that will confirm that the entries made on this application are true, complete and correct. Notice to Individuals applying for employment with a child care provider or facility, per Colorado Revised Statutes (C.R.S) §26-6-105.5, "Any applicant who knowingly or willfully makes a false statement of any material fact or thing in this application is guilty of perjury in the second degree as defined in section 18-8-503, Colorado Revised Statutes, and, upon conviction thereof, shall be punished accordingly." I am also aware that the State of Colorado has a payroll direct deposit requirement for employment. When needed I can supply the correct documentation for direct deposit.		
Signature (unsigned applications may not be considered)		Date