

Colorado Rocky Mountain School Application for Employment

Colorado Rocky Mountain School (CRMS) is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including, race, color, age, sex, religion, disability or national origin. Consistent with the American Disabilities Act, applicants may request accommodations needed to participate in the application process.

Date of Application:	Social Secu	rity Number (xxx-xx-xxxx):	
Personal Information:			
Name:			
Present Address:			
Home Phone No.:			
Referred By:		Date of Birth:	
Employment Desired:			
Position:	Date you can start:	Desire	ed Salary:
Are you currently employ	ed? □Yes □No If, Yes ma	ay we inquire of your emplo	yer? □Yes □No
Have you ever applied at	CRMS before: ☐Yes ☐No	If YES, When?	
Former Employers: (Li	st below your last four em	ployers with the most re	ecent first.)
Dates Name	and Address of Employer	Position/Title	Reason for Leaving

Dat	tes	Name and Address of Employer		Position/Title	Reason for Leaving
From					
То			•		
From			•		
То			•		
From			•		
То			•		
From			•		
То			•		

Education

Education	Name and Location of School	Years Completed	Graduate?	Subjects Studied/Degrees Received
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

General
Subjects of special Study or Research Work:
John Dolated Chille (Tyming Driver's License Computer Programs Languages Etc.)
Job Related Skills (Typing, Driver's License, Computer Programs, Languages, Etc.)

References

Name	Address	Position/Title	Phone Number	Years Acquainted

Attention: If you are to be hired by this company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

Authorization:

I certify that the facts contained in this application (and accompanying resume) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by CRMS.

I understand that any employment is conditional on a background check. I authorize CRMS to thoroughly investigate all statement contained in my application or resume, and I authorize my former employer and references to disclose information regarding my former employment, character and general reputation without giving me prior notice of such disclosure. In addition, I release CRMS, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during my interview is intended to create an employment contract. I further understand and agree that if I am hired, my employment is "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either CRMS or myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon CRMS unless made in writing.

If I am offered employment, I agree to submit to a medical examination before starting work. If employed I also agree to a medical examination any time deemed appropriate and permitted by law. I consent to such examinations and tests and I request that the examining doctor disclose to CRMS the results of the examination. I understand that my employment or continued employment, to the extent permitted by use is contingent upon satisfactory medical examinations, and if I am hired a condition of my employment will be that I abide by CRMS's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate CRMS to hire. If hired, I agree to abide by all CRMS work rules, policies and procedures. CRMS retains the right to revise its policies or procedures in whole or part at any time.

Date	Signature		