



STATE CLASSIFIED EMPLOYMENT APPLICATION

PLEASE TYPE OR PRINT USING ONLY BLACK OR BLUE INK.

NAME:	Last Name		First Name		Middle Name
	Street				Apt/Unit
ADDRESS:	City			State	Zip Code
	PREFERRED PHONE NUMBER:				
SECONDARY PHONE NUMBER:					
EMAIL ADDRESS:					
JOB TITLE AS ANNOUNCED:					

VOLUNTARY INFORMATION

The Information in this box is voluntary. Information is requested for federal record keeping purposes only. It is the policy of UNC and the State of Colorado that its work force reflects the diversity of the state.

ETHNICITY/RACE (CHECK ONLY ONE)		<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Black or African American, Not Hispanic of Latino	<input type="checkbox"/>	White, Not Hispanic or Latino
<input type="checkbox"/>	American Indian or Alaska Native, Not Hispanic or Latino	<input type="checkbox"/>	Native Hawaiian or Pacific Islander, Not Hispanic or Latino
<input type="checkbox"/>	Asian, Not Hispanic or Latino	<input type="checkbox"/>	Two or More Races, Not Hispanic or Latino
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female			
BIRTH DATE: Some state jobs have a legally required minimum age. Provide only your month and day to be considered for these type(s) of jobs.			
Month:		Day:	
VETERAN'S PREFERENCE INFORMATION: Under 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.			
<input type="checkbox"/> 1 - Disabled Veteran <input type="checkbox"/> 2 - Veteran <input type="checkbox"/> 3 - Disabled Vietnam Era Veteran <input type="checkbox"/> 4 - Vietnam Era Veteran <input type="checkbox"/> 5 - Unremarried Surviving Spouse			
BACKGROUND CHECK: If required for the job, would you be willing to submit to a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No			

UNC IS AN EQUAL OPPORTUNITY EMPLOYER



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EMPLOYMENT HISTORY

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.

Employer		Job Title		DATES OF EMPLOYMENT	
Address (Street, City, State, Zip Code)				From: Month	Year
Supervisor Name:	Title:	Phone:		To: Month	Year
Duties:				Hours Per Week:	
				Monthly Salary \$	
				Number Professional Employees Supervised:	
				Number Non-Professional Employees Supervised:	

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Supervisor Name:	Title:	Phone:		To: Month	Year
Duties:				Hours Per Week:	
				Monthly Salary \$	
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Address (Street, City, State, Zip Code)				From: Month	Year
Supervisor Name:	Title:	Phone:		To: Month	Year
Duties:				Hours Per Week:	
				Monthly Salary \$	
				Number Professional Employees Supervised:	
				Number Non-Professional Employees Supervised:	



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REFERENCES

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

CERTIFICATION

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