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| **State Classified Employment Application** | | | | | | | | | |
| *Please Type Or Print Using Only Black Or Blue Ink.* | | | | | | | | | |
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| **Name**: | | Last Name | | | First Name | | | Middle Name | |
| **Address**: | | | Street | | | | | | Apt/Unit |
| City | | | | | | | State | Zip Code | |
| **Preferred Phone Number:** | | | |  | | | | | |
| **Secondary Phone Number:** | | | |  | | | | | |
| **Email Address:** | | | |  | | | | | |
| **Job title as announced**: | | | | | | | | | |
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| **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)** | | | | | |  | Hispanic or Latino | | |
|  | Black or African American, Not Hispanic of Latino | | | | |  | White, Not Hispanic or Latino | | |
|  | American Indian or Alaska Native, Not Hispanic or Latino | | | | |  | Native Hawaiian or Pacific Islander, Not Hispanic or Latino | | |
|  | Asian, Not Hispanic or Latino | | | | |  | Two or More Races, Not Hispanic or Latino | | |
| **Gender**:  Male  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.  1 – Disabled Veteran  2 – Veteran  3 – Disabled Vietnam Era Veteran  4 – Vietnam Era Veteran  5 – Unremarried Surviving Spouse | | | | | | | | | |
| **Background Check**: If required for the job, would you be willing to submit to a background check?  Yes  No | | | | | | | | | |

***UNC IS AN EQUAL OPPORTUNITY EMPLOYER***

**State Classified Employment Application FOR ANNOUNCED VACANCY**

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| **Licenses/Certification/Registrations**  If a license/certificate/registration is required for the job for which you are applying complete the following. |
| Professional/Specialty License Type:       License Number: |
| Expiration Date:       State and/or Agency Granting License: |

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| **Education History**  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:  Yes  No | | GED:  Yes  No | | |
| **University/College (Undergraduate, Graduate, Post Graduate)** | | | | |
| Name: | Location: | | Attended From – To (Mo-Yr) | |
|  |  |
| Degree Awarded: | Date: | | Major Field of Study: | Total Semester Hours: |
| Name: | Location: | | Attended From – To (Mo-Yr) | |
|  |  |
| Degree Awarded: | Date: | | Major Field of Study: | Total Semester Hours: |
| Name: | Location: | | Attended From – To (Mo-Yr) | |
|  |  |
| Degree Awarded: | Date: | | Major Field of Study: | Total Semester Hours: |

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| **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  Yes  No | Date |
| Name: | Location: | Attended From – To (Mo-Yr) | |
|  |  |
| Title of Program or Subjects Taken | Total Classroom Hours | Certificate Received  Yes  No | Date |

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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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| 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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| --- | --- | --- | --- | --- |
| 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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| --- | --- | --- | --- | --- |
| 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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| **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 underwork 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 |

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| **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 ommisions, 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 Statues (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 Statues, 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. | |
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| Signature (unsigned applications may not be considered) Date | |