

SEDGWICK COUNTY DEMOGRAPHIC INFORMATION

PLEASE TYPE OR PRINT IN BLACK INK

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

| | | |
|--|---------------------------|----------------------------|
| NAME: <small>Last Name</small> | <small>First Name</small> | <small>Middle Name</small> |
|--|---------------------------|----------------------------|

THE FOLLOWING INFORMATION IS CONFIDENTIAL

| | | |
|--|--|--------------------|
| | <small>Person ID (Agency Use only)</small> | |
| MAILING ADDRESS: <small>Street</small> | | |
| <small>City</small> | <small>State</small> | <small>Zip</small> |
| PHONE NUMBER: | | |
| PHONE NUMBER: | | |
| EMAIL ADDRESS: | | |

VOLUNTARY INFORMATION

The State of Colorado will be successful in serving our residents only if our workforce reflects the diversity of our communities. The State of Colorado is an equal opportunity employer that celebrates equity, diversity, and inclusion. In all aspects of the employment process, qualified applicants will receive consideration for employment without regard to race, color, religion, sex, disability, age, sexual orientation, gender identity or expression, pregnancy, medical condition related to pregnancy, creed, ancestry, national origin, marital status, genetic information, or military status (with preference given to military veterans). By providing the demographic information requested below, you will help us ensure our job opportunities are being seen by the diverse candidate pools we hope to attract. Your participation is voluntary and confidential; this information will not be shared with the hiring committee. Refusal to disclose this information will not adversely affect your participation in the selection process. We appreciate your support in our efforts aimed at advancing regional change and developing the systems and standards necessary to achieve equitable outcomes for all Colorado residents!

This sheet will be permanently separated from the rest of your application.

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 X

BIRTH DATE: Month: _____ Day: _____

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 unmarried 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).**

COLORADO DRIVER'S LICENSE: Number: _____ Class: _____

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

COLORADO IS AN EQUAL OPPORTUNITY EMPLOYER

SEDGWICK COUNTY APPLICATION

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

| | | | |
|--|---------------------------|---------------------------------|---------------------------------------|
| JOB TITLE: | | | |
| JOB NUMBER: | | | |
| DEPARTMENT: | | | |
| LOCATION: | | CLOSING DATE & TIME: | |
| NAME: <small>Last Name</small> | <small>First Name</small> | <small>Middle Name</small> | Person ID (<u>Agency Use only</u>): |

| | |
|--|---|
| Recruitment Information: Check the one (1) 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 |

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

SEDGWICK COUNTY APPLICATION

| | | | | |
|---|--|---|-----------------|-------------------------------------|
| NAME: | | | | Person ID (Agency Use only): |
| Job Title: | | | | |
| LICENSES/CERTIFICATION/REGISTRATIONS: 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 and/or Organization Granting License: | | |

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

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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. <i>If you need additional space attach a separate sheet of paper using the same format.</i> | |
| 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 (MM-YY) |
| Degree Awarded: | | Date: | Major Field of Study: | Minor Field of Study: |
| | | | | Total Semester Hours: |
| Name: | | Location: | | Attended From - To (MM-YY) |
| Degree Awarded: | | Date: | Major Field of Study: | Minor Field of Study: |
| | | | | Total Semester Hours: |
| Name: | | Location: | | Attended From - To (MM-YY) |
| 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 (MM-YY) |
| 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 (MM-YY) |
| Title of Program or Subjects Taken | | Total Classroom Hours | Certificate Received <input type="checkbox"/> Yes <input type="checkbox"/> No | Date |

SEDGWICK COUNTY APPLICATION

| | | | | | | | |
|---|--|--------|------------------------|-------------------------------------|----------------------------|-------|------|
| NAME: | | | | Person ID (Agency Use only): | | | |
| Job Title: | | | | | | | |
| <p>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. <i>If you need additional space attach a separate sheet of paper using the same format.</i></p> | | | | | | | |
| EMPLOYER/Kind of Business | | | Your Job Title: | | DATES OF EMPLOYMENT | | |
| Address(Street, City, State, Zip Code): | | | | | From: | Month | Year |
| | | | | | | | |
| Supervisor Name: | | Title: | Phone: | | To: | Month | Year |
| | | | | | | | |
| Number Employees Supervised: | | | | | Hours Per Week: | | |
| Duties: | | | | | | | |
| | | | | | | | |
| Reason for Leaving: | | | | | | | |

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|---|--|--------|------------------------|--|----------------------------|-------|------|
| EMPLOYER/Kind of Business | | | Your Job Title: | | DATES OF EMPLOYMENT | | |
| Address(Street, City, State, Zip Code): | | | | | From: | Month | Year |
| | | | | | | | |
| Supervisor Name: | | Title: | Phone: | | To: | Month | Year |
| | | | | | | | |
| Number Employees Supervised: | | | | | Hours Per Week: | | |
| Duties: | | | | | | | |
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| Reason for Leaving: | | | | | | | |

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| Address(Street, City, State, Zip Code): | | | From: Month Year | |
| | | | | |
| Supervisor Name: | Title: | Phone: | To: Month Year | |
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| Number Employees Supervised: | | | Hours Per Week: | |
| Duties: | | | | |
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| Reason for Leaving: | | | | |

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| Address(Street, City, State, Zip Code): | | | From: Month Year | |
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| Supervisor Name: | Title: | Phone: | To: Month Year | |
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| Duties: | | | | |
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| Supervisor Name: | Title: | Phone: | To: | Month | Year |
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| Number Employees Supervised: | | | Hours Per Week: | | |
| Duties: | | | | | |
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| Number Employees Supervised: | | | Hours Per Week: | | |
| Duties: | | | | | |
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| Reason for Leaving: | | | | | |

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| EMPLOYER/Kind of Business | | Your Job Title: | | DATES OF EMPLOYMENT | | | |
| Address(Street, City, State, Zip Code): | | | | From: | Month | Year | |
| | | | | | | | |
| Supervisor Name: | | Title: | Phone: | | To: | Month | Year |
| | | | | | | | |
| Number Employees Supervised: | | | | | Hours Per Week: | | |
| Duties: | | | | | | | |
| Reason for Leaving: | | | | | | | |

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| REFERENCES: | | |
| 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: |
| <p>CERTIFICATION: I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I certify that I have read and understand my appeal rights as stated in this announcement. I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application. I understand that this completed application is the property of State of Colorado and will not be returned. I understand State of Colorado may contact prior employers and other references. I understand that I must notify the department to which I applied of any changes in my name, physical or e-mail address, or phone number. I understand that the information contained herein is considered public record and may be released upon request, subject to the limitations of the Colorado Open Records Act (CORA).</p> | | |
| | | |
| Signature (unsigned applications may not be considered) | | Date |

Important: Some departments / agencies may have supplemental questions that are part of the job application. Please contact the agency to get a copy of these supplemental questions, if any, and attach your answers to this job application.