

MORGAN COUNTY

An Equal Opportunity Employer

Employment Application

OFFICE USE ONLY:
Received:
Forward:

Mailing Address: Morgan County Human Resources 231 Ensign St., P.O. Box 189 Fort Morgan, CO 80701 (970) 542-3537 Fort Morgan Workforce Center: 426 Ensign St.
Fort Morgan, CO 80701
(970) 867-9401

http://www.co.morgan.co.us/JobOpportunities.html

Thank you for your interest in Morgan County. Morgan County is an Equal Opportunity Employer, dedicated to a policy of nondiscrimination in employment on any basis, including race, color, age, gender, gender identity, political affiliations, religion, national origin, sexual orientation, disability, genetic information, veteran status or any other basis prohibited by federal, state, or local law.

General Instructions

Applicant Information

- 1. Carefully read job announcement for desired position.
- 2. Provide all requested information accurately and completely, including responses to supplemental questions and supplemental application form. Type or print legibly in blue or black ink. **Remember to sign and date application.** Failure to do so may disqualify you from employment.
- 3. Notify Morgan County if you require any necessary accommodations to participate in the employment process. See job announcement for contact names and telephone numbers.
- 4. Hand-delivered and mailed application packets must be received at the Fort Morgan Workforce Center, 426 Ensign St., Fort Morgan, CO 80701, by 4:00 P.M. MST on the closing date.

Applicant information					
Position Applied For: (List specific title of job. Applications are accepted for currently pos	eted positions only.)				
Last Name:	First Name:	Middle Initial:			
Address:					
City:	State:	Zip Code:			
Home Phone: () -	Work Phone: () -	Extension:			
Message Phone:: () -	Email Address:				
If hired, can you furnish proof of eligibility to work in the U.S.?					
Are you 18 years of age or older?					
Do you have any relatives employed by Morgan County?					
Are you applying for:	Permanent Temporary Season	nal			
<u> </u>	 No				
Are you bilingual?					

Education and Training										
Do you have a high	n school	diploma, GED	or equiv	valent: Yes	☐ No					
List colleges,	univer	sities. milita	rv. trac	de. busines	s or oth	er sch	ools	attended		
List seneges, amversities, imma			Courses of		Cre	edits C	Completed	Specify Degree or		
Name of School Location of School		chool	(Major)		Semester hours		Quarter hours	Certificate Earned		
						1100		110010		
Crosialized Cl	د، مالاد									
Specialized SI				Please check th	e following sl			write in skills not I		
	Office	/ Clerical Relate	a			Pr	oducti	on / Equipment	Operation	
☐ Office Machines	☐ Sprea	adsheets	□Word	Processing	☐Truck Dri	ver	□М	echanic	Foreman	
☐Computer Literate	☐ Acco	ounting Software		n Support	☐ Heavy E	quip	☐ Pr	oduction/Assembly	/ ☐ Warehouse	
☐ Cash Handling	g Customer Service Other			-	☐ Construc	ction	☐ Fo	orklift	☐ Other	
State any additional information you feel may be helpful to us in considering your application.										
Driver's Lic	ense	Information	on							
_										
Can you travel if th	•	•	☐ Yes				-			
Do you have a vali	d driver'	s license? Pro	of may	be required.	☐ Ye	s L	No			
License Number:				State:						
Class: A]B [☐ C ☐ Reg	jular	S - endors	ement					
Morgan Cou	unty E	Employme	nt Hi	story						
Are you currently,	or have	you ever beer	n, emplo	yed by Morga	an County?	Yes		No 🗌		
If so, list all porior	de of om	nlovment: Ero	m·		·		To:			
If so, list all period	is ui eili	pioyinienii. FIO	Mon	nth	Yea	<u> </u>		Month	Year	

Employment History

Instructions: Beginning with your present or most recent job, describe your work experience (paid or volunteer) in chronological order. The information provided on this application form (and any additional employment history which may be attached) will be used to determine if you meet the minimum qualifications for the position. Information must be accurate and complete. Resumes may be submitted but will not be considered as a substitute for this form.

Job Title:			Employer:					
Supervisor:			Employer Address:					
Telephone: () -			City/State:				
From:		То:		Starting Salary:				
Month/Day	Year	Month/Day	Year	Ending Salary:				
Average number	of hours work	ed per week:		May we contact this employer: Yes \(\square\) No \(\square\)				
Duties and Respo	nsibilities:			I				
Reason for Leavir	ng:							
Job Title:				Employer:				
Supervisor:				Employer Address:				
Telephone: () -			City/State:				
From:	,	То:		Starting Salary:				
Month/Day	Year	Month/Day	Year	Ending Salary:				
Average number	l of hours work	ed per week:		May we contact this employer: Yes No				
Duties and Respo	Duties and Responsibilities:							
Reason for Leaving:								
Job Title:				Employer:				
Job Title: Supervisor:				Employer: Employer Address:				
Supervisor:) -			Employer Address:				
) -	То:		Employer Address: City/State:				
Supervisor: Telephone: () - Year	To: Month/Day	Year	Employer Address:				
Supervisor: Telephone: (From:	Year	Month/Day	Year	Employer Address: City/State: Starting Salary:				
Supervisor: Telephone: (From: Month/Day	Year of hours work	Month/Day	Year	Employer Address: City/State: Starting Salary: Ending Salary:				
Supervisor: Telephone: (From: Month/Day Average number of	Year of hours workensibilities:	Month/Day	Year	Employer Address: City/State: Starting Salary: Ending Salary:				
Supervisor: Telephone: (From: Month/Day Average number of Duties and Responsation	Year of hours workensibilities:	Month/Day	Year	Employer Address: City/State: Starting Salary: Ending Salary: May we contact this employer: Yes No				
Supervisor: Telephone: (From: Month/Day Average number of Duties and Responses and Response and Responses and Response and Responses and Response and Responses and Response and Responses and Responses and Respon	Year of hours workensibilities:	Month/Day	Year	Employer Address: City/State: Starting Salary: Ending Salary: May we contact this employer: Yes No Employer:				
Supervisor: Telephone: (From: Month/Day Average number of Duties and Responses for Leaving Job Title: Supervisor:	Year of hours workensibilities:	Month/Day	Year	Employer Address: City/State: Starting Salary: Ending Salary: May we contact this employer: Yes No Employer: Employer Address:				
Supervisor: Telephone: (From: Month/Day Average number of Duties and Responder Leaving Job Title: Supervisor: Telephone: (Year of hours workensibilities:	Month/Day ed per week:	Year	Employer Address: City/State: Starting Salary: Ending Salary: May we contact this employer: Yes No Employer: Employer Address: City/State:				
Supervisor: Telephone: (From: Month/Day Average number of Duties and Respondence of Leaving Supervisor: Telephone: (From:	Year of hours workensibilities:	Month/Day ed per week: To:	Year	Employer Address: City/State: Starting Salary: Ending Salary: May we contact this employer: Yes No Employer: Employer Address: City/State: Starting Salary:				
Supervisor: Telephone: (From: Month/Day Average number of Duties and Respondence of Leaving Job Title: Supervisor: Telephone: (From: Month/Day	Year of hours workensibilities: ng:) -	Month/Day ed per week: To: Month/Day		Employer Address: City/State: Starting Salary: Ending Salary: May we contact this employer: Yes No Employer: Employer Address: City/State: Starting Salary: Ending Salary: Ending Salary:				
Supervisor: Telephone: (From: Month/Day Average number of Duties and Respondence of Leaving Department of Telephone: (From: Month/Day Average number of Month/Day	Year of hours workensibilities: ng: Year Year of hours workensibilities	Month/Day ed per week: To: Month/Day		Employer Address: City/State: Starting Salary: Ending Salary: May we contact this employer: Yes No Employer: Employer Address: City/State: Starting Salary:				
Supervisor: Telephone: (From: Month/Day Average number of Duties and Respondence of Leaving Job Title: Supervisor: Telephone: (From: Month/Day	Year of hours workensibilities: Year Year of hours workensibilities:	Month/Day ed per week: To: Month/Day		Employer Address: City/State: Starting Salary: Ending Salary: May we contact this employer: Yes No Employer: Employer Address: City/State: Starting Salary: Ending Salary: Ending Salary:				

PERSONAL HISTORY

Have you been convicted of a Felony 0 lf yes, please give dates and details:	Offense (do not inc	lude petty offense(s) or minor traffic violatio	n(s))?
Have you been convicted of a crime in lf yes, please give dates and details:	volving dishonest	y (for example: theft, fraud, insufficient fund	s check, etc.)? Yes No
Have you been convicted of a serious reckless driving, speeding more than 2 lf yes, please give dates and details:		nin the last 10 years (for example: DUI, osted limit)?	DWAI,
Have you ever been convicted of a crir If yes, please give dates and details:	ne of violence (do	mestic violence, assault, sexual assault, ho	omicide, etc.)?
PERSONAL/PROFESSIO	NAL REFER	ENCES	
Instructions: List three persons who	know you well e	nough to provide current and past info	rmation about you. Do not
include relatives or former employers. Name and Occupation		Telephone Number	Years known
1.			
2.			
3.	BAIL 1	ITADY CEDVICE	
Branch of Service	Relevant Experie	ITARY SERVICE nce/Training:	
PLEASE R	•	CONSENT AND RELEASE TEMENT CAREFULLY BEFORE SIGNI	ING
By signing, I am authorizing Morgan Co background investigation of my employ employer, past employers, and organization release all such persons and organization written request within a reasonable time for I understand that if I am extended an offer of DOT drug and alcohol testing requirements, job for which I am applying; 2) I consent to the work; 3) Completing and executing a securit Motor Vehicle if driving is a requirement of the I UNDERSTAND THAT THIS APPLICATION CREATE AN EXPRESS OR IMPLIED CONTINUATION.	unty to conduct a coment history and a cons to provide relevants from any legal liabor a complete disclor a complete disclor femployment it may and completion of he release of any or ally bond application if rejob. ON, VERBAL STATE RACT OF EMPLOYMENTS	on is true and complete. I understand that any result in my dismissal if discovered at a later date criminal background investigation. I also audil statements contained in this application ant information and opinions that may be use ability in making such statements. I understate usure of the nature and scope of the investigate be conditioned upon the following if required: 1 stall questionnaire to certify that I am able to pell medical information as may be deemed necessary for the job; 4) Providing a current driving the providing a current driving the providing and country are provided to the providing and country are provided to the providing and current driving the providing and country are provided to the provi	thorize, whether listed or not, a by any person, school, current ful in making a hiring decision. I and that I have a right to make a cion. A physical examination, including form the essential functions of the eary to judge my capability to do the er's record from the Department of ENT EMPLOYMENT DOES NOT ANY DEFINITE PERIOD OF TIME.
I have read, understand, and by my signature	e consent to these sta	tements.	
Signature:		Date:	
Printed Name:			
Tr	is application for emp	ployment will remain active for six months.	

Employment with MORGAN COUNTY

Morgan County offers a wide variety of rewarding career opportunities in the following departments:

Accounting/Finance Ambulance Service **Building Maintenance** Communications County Assessor County Attorney's Office County Clerk & Recorder **County Commissioners** County Sheriff **County Treasurer** Department of Human Services **Emergency Management Extension Office** Fleet Maintenance Information Technology Landfill Planning and Zoning Road & Bridge Department

In addition to competitive hourly wages or salary, permanent employees of Morgan County receive excellent benefits, including:

Medical/Vision Insurance Life Insurance Retirement Deferred Compensation Vacation/Holidays/Sick Leave

HOW TO FIND OUT ABOUT JOB OPPORTUNITIES

Website:

http://www.co.morgan.co.us/JobOpportunities.html

Now you may download the job application form in either Adobe pdf or MS Word format. The County web site has current job openings along with the job description, filing deadlines and supplemental information and forms.

Please remember to download or print the job announcement. Most job announcements contain supplemental information requests that must be submitted with the application packet. Notify Morgan County if you require any necessary accommodations to participate in the employment process. See job announcement of desired position for contact names and telephone numbers.

THE COMMUNITY

Morgan County is a rural county where the towns have always been close-knit and family-oriented. Residents take pride in their pioneer heritage and agricultural history, so expect a hearty welcome.

Morgan County is located approximately 80 miles northeast of Denver on I-76 and covers an area of 36 x 36 miles. Residents appreciate their hometown rural setting while also being minutes away from the Front Range cities, the Rocky Mountains, and Denver International Airport.

As you venture off the beaten tourist track, you'll find a surprising range of activities and entertainment.

Hunting Fishing Camping Wildlife Viewing Water Sports/Swimming at Our Reservoirs/Lakes
Bird Watching Archery Nature Walks
Historical Trails Scenic Byways Bicycling
Festivals Rodeos Parades
Museums Libraries Parks Playgrounds
Municipal Airports Skydiving
Golf Courses Tennis Courts
Volleyball Courts Swimming Pools
Recreation/Fitness Centers Skydiving
Disc Golf Bowling Facilities
In line Hockey Rink Historic Sites
Stock Car Racing Antique Shopping
and more!

Morgan County has a population of 28,360 (2015) with 11,329 (2014) centrally located in the county seat of Fort Morgan. For more statistical information, visit www.morgancountyinfo.com.



MORGAN COUNTY GOVERNMENT

Self-Identification Form

Completion of information below is voluntary.

Last Nan	ne:						F	irst N	lam	e:					M.I.:
Social Se	ecurity Number:			-			-								
	We comply with all applicable laws governing employment practices and do not discriminate on the basis of race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/national guard or any other similarly protected status.														
this form. Providing t will be kep	These legal obligation this information is voot confidential and us	ons red oluntary sed onl	quire that y and ref ly in acco	we re	eport a o provi	nnually	on ill n	the c	om _l	position	on of	our dver	nd other legal obligation or workforce on Form E werse treatment. Further sions. It will not be u	EO-1. er, if provided	the information
and it will	be filed separately fr	om yo	ur file.												
	Sex										Rac	e-E	Ethnic		
☐ Mal	e nale		Hispanic or Latino If not Hispanic or Latino, then White Black or African American Native Hawaiian or Other Pacific Islander Asian American Indian or Alaska Native Two or more races												
Asians (No	t Hispanic or Latino) –	A pers	son havin	g origi	ns in ar	ny of th	e or	riginal	peo	ples o	of the	Far	lack racial groups in A	or the Indian S	ubcontinent,
ncluding, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.															
	Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race.														
	<u>White (Not Hispanic or Latino)</u> – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or														
other Pacific Islands.															
American Indians or Alaskan Natives – All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community recognition.															
Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.															
Veterans Status															
Veteran of the Vietnam era means a person who served on active duty for a period of more than 180 days, any part which occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1975 and who (1) was discharged or released therefrom with other than dishonorable discharge, or was discharged or released from active duty for a service-connected disability.															
Other Protected Veteran means a person who served in a war or a campaign or expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded. This includes a number of military engagements that are listed on the attachment to this form.															
	Special Disabled Veteran means a person who: (1) Is a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap, or (2) Is a person who was discharged or released from active duty because of a service-connected disability.														
	n.	/lora:	an Coi	ıntv	Gove	ernm	ent	t is a	an I	Εαιι	al O	pn	ortunity Emplo	ver	

Dated: _	Signature:	