



**Association** 6541 South College Ave Ft. Collins, CO 80525 494-1297

EOE/MF This application for employment will not be considered unless fully completed

**Last Name**                      **First Name**                      **Middle Name**                      **Social Security Number**

**Street Address** \_\_\_\_\_

**City, State, and Zip Code** \_\_\_\_\_ **Telephone Number** ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ **Alternate Telephone** \_\_\_\_\_

**List all Positions for which you would like to be considered** \_\_\_\_\_ **Rate of Pay expected** \_\_\_\_\_ **Date you can start work** \_\_\_\_\_

**Are you 18 years of age or older?** \_\_\_\_\_ YES \_\_\_\_\_ NO    **Type of employment you are seeking**  
\_\_\_\_\_ Full time \_\_\_\_\_ Part time

**Can you, after employment, submit verification of your legal right to work in the United States?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**Check the highest level or equivalent completed:**

Elementary School

8

High School

9     10     11     12

College/Tech

1     2     3     4

Name of college, university or vo-tech attended \_\_\_\_\_

List two (2) people (no relatives) you have worked with and whom we may contact for reference if necessary,

Name: _____	Occupation: _____
Phone #: _____	Address: _____
Name: _____	Occupation: _____
Phone #: _____	Address: _____

Company Name: \_\_\_\_\_ Your Job: \_\_\_\_\_ Last Pay Rate: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_ Your Job: \_\_\_\_\_ Last Pay Rate: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_ Your Job: \_\_\_\_\_ Last Pay Rate: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

**Availability to work and times:**

Earliest Time      Latest Time

Sunday \_\_\_\_\_

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

\_\_\_\_\_  
Date of application

\_\_\_\_\_  
Signature as shown on social Security Card