

WASHINGTON-YUMA COMBINED COMMUNICATIONS

216 E. 3rd Ave. P.O. Box 96 Yuma, Colorado 80759
970-848-0464 Fax 970-848-0160 www.wycomm.org

PUBLIC SAFETY DISPATCH



Application for Employment

WY Communications is an Equal Opportunity Employer. Any applicants needing accommodation for the application or interview process should notify the hiring Department Head.

Name _____ Social Security Number _____

Address _____

Telephone # _____ Email _____

Position(s) Applied For _____

Date of Application _____ Best Time to Call _____

If you're under 18 and required to do so, can you furnish a work permit?

Yes No If no, explain

Have you submitted an application with us before?

Yes No If yes, dates and positions

Have you been employed with us before?

Yes No If yes, when?

Are you legally eligible for employment in the United States? Yes No

Date available for work _____

Desired salary or hourly rate _____

Type of employment desired: Full Time Part Time Temporary
Seasonal Educational/Intern

Will you travel if required? Yes No

Will you work overtime if required? Yes No

These questions are not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Are you able to meet the attendance requirements of the position? Yes No

Are you able to perform the essential functions of the job for which you are applying? Yes No

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain _____

Employment History Please include employment for the past 10 years. Attach additional pages as necessary.

Employer		Dates of Employment		
Street Address	City	State	Zip	Phone Number
Title of Most Recent Position Held		Immediate Supervisor		
Reason for Leaving				
Summary of Job Duties				
May we contact?	Yes	No	Later	

Employer		Dates of Employment		
Street Address	City	State	Zip	Phone Number
Title of Most Recent Position Held		Immediate Supervisor		
Reason for Leaving				
Summary of Job Duties				
May we contact?	Yes	No	Later	

Employer		Dates of Employment		
Street Address	City	State	Zip	Phone Number
Title of Most Recent Position Held		Immediate Supervisor		
Reason for Leaving				
Summary of Job Duties				
May we contact?	Yes	No	Later	

Skills and Qualifications

Please summarize any special training, skills, licenses, and/or certifications that may assist you in performing the duties of the position for which you are applying.

Professional Skills

Please indicate areas of proficiency as applicable to the desired position.

Microsoft Office _____	Internet _____
Typing – WPM _____	Other _____
Office Equipment _____	Other _____
Email _____	Other _____
Commercial Driver's License (CDL) _____	

Are you an honorably discharged veteran of the United States Military? Yes No

References

Please provide three business/professional references who are not related to you and not previous supervisors. If not applicable, please list three school or personal references not related to you.

Name and Title	Years Known	Relationship to You	Telephone Number

Educational/Training Background

Please provide all relevant educational and training background, including certifications and professional licenses.

School (City, State)	Years Completed	Degree/Diploma Subject	Completed? Y/N

Affidavit – Please read carefully before signing.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that WY Communications may conduct a background investigation and that WY Communications will provide for me a separate form authorizing the completion of such an investigation prior to completion.

I authorize WY Communications and/or any of its agents to verify and investigate any or all statements contained in this application. I also authorize any person, school, employer, law enforcement authority, or organization named in this application to provide and release any information and opinions concerning my background. I release such persons and organizations from any legal liability for any damage whatsoever for making such statements.

I understand that employment decisions at WY Communications are made on a merit basis and are not influenced by race, color, national origin, ancestry, creed, religion, sex, age, physical or mental disability, sexual orientation, or any other similarly protected status.

I understand the use of illicit drugs is prohibited during employment. I may be required to successfully pass a drug and alcohol screening examination prior to being hired and consent to taking a drug and alcohol test at any time during my employment should I be hired.

I understand that this application or any subsequent employment does not constitute a contract of employment nor guarantee employment for any definite period of time.

I certify that I have read, fully understand, and accept all terms listed above.

Signature

Date

Washington-Yuma Counties Combined Communications Center
216 E 3rd Ave / PO Box 96
Yuma, CO 80759

Yuma County Government

310 Ash Street
Wray, CO 80758



CONSENT FOR BACKGROUND CHECK

Date_____

Full Name_____

Aliases/Other Names Used and Dates Used_____

Current Address_____

City_____ State_____ Zip Code_____

Date of Birth_____

Social Security Number_____

I hereby authorize Yuma County Government or any subpart thereof to obtain a records check and consumer credit report, more commonly known as a background check, from the Colorado Bureau of Investigation (<https://www.cbirecordscheck.com>) or other like organizations. I understand that this information will be used by Yuma County Government in compliance with all State and Federal laws and that the information obtained will not be used to discriminate in violation of said laws. If adverse employment action is taken on the basis of the information gathered, I understand I will be so advised.

Signature_____