

**CASTLE PINES HOMES ASSOCIATION, INC.**  
**EMERGENCY SERVICES DEPARTMENT**

**APPLICATION FOR EMPLOYMENT**

*We are an equal opportunity employer*

PLEASE PRINT CLEARLY; INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED. IF YOU NEED ASSISTANCE COMPLETING THIS FORM, PLEASE NOTIFY THE PERSON WHO GAVE IT TO YOU.

<b>P E R S O N A L</b>	Last Name	First	M.I.	Date
	Street Address			Home Phone
	City, State, Zip			Business Phone
	Have you ever applied for employment with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date last applied _____			
	Position Desired <input type="checkbox"/> Patrol Division <input type="checkbox"/> Dispatcher <input type="checkbox"/> Gate Officer			Pay expected
	Are you available for full-time work (including weekends?) <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When are you available to begin work?
	Have you ever been convicted of a felony? Describe in full _____			
	Military Experience – Branch of Service – _____ Type of Discharge - _____			Term of Service - _____
	Other special training or skills related to position applied for? _____			
State names of any relatives working for Castle Pines Homes Association				

<b>E D U C A T I O N</b>	<b>SCHOOL</b>	<b>NAME AND LOCATION</b>	<b>Course of Study</b>	<b>Years Completed</b>	<b>Did you Graduate?</b>	<b>Degree or Diploma</b>
	College					
	College					
	High					
	Other					

## **EMPLOYMENT HISTORY**

Please give accurate, complete, full-time and part-time employment information. Start with present or most recent employer.

1	Company Name	Telephone
	Address	Employed (month & year) From            To
	Name of Supervisor	Salary/wage Start:    End:
	State job title and describe your work.	Reason for leaving (Be Specific)
2	Company Name	Telephone
	Address	Employed (month & year) From            To
	Name of Supervisor	Salary/wage Start:    End:
	State job title and describe your work.	Reason for leaving (Be Specific)
3	Company Name	Telephone
	Address	Employed (month & year) From            To
	Name of Supervisor	Salary/wage Start:    End:
	State job title and describe your work.	Reason for leaving (Be Specific)
4	Company Name	Telephone
	Address	Employed (month & year) From            To
	Name of Supervisor	Salary/wage Start:    End:
	State job title and describe your work.	Reason for leaving (Be Specific)

**Signature** \_\_\_\_\_    **Date** \_\_\_\_\_