



Demographic Information

Please type or print in black ink. A completed Announced Vacancy Application Form must be attached to this completed form. Note: The following information is confidential.

First Name: _____ Middle Name: _____

Last Name: _____

Person ID (Agency Use only): _____

Mailing Address:

Street: _____

City: _____ State: _____ Zip: _____

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 form 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"/> Native Hawaiian or Pacific Islander, not Hispanic or Latino |
| <input type="checkbox"/> Asian, not Hispanic or Latino | <input type="checkbox"/> White or Caucasian, not Hispanic or Latino |
| <input type="checkbox"/> Black or African American, not Hispanic or Latino | <input type="checkbox"/> Two or More Races, not Hispanic or Latino |
| <input type="checkbox"/> Hispanic or Latino Native Hawaiian or Pacific Islander, not Hispanic or Latino | |

What is your gender? (For federal record keeping purposes only; response not required.)

- ☐ Male ☐ Female

Veteran's Preference Information:

Under the Colorado Constitution, art. XII, sec. 15, qualified veterans and surviving spouses are eligible for preference when participating in the selection process for state job opportunities, other than for promotional opportunities. If you are an honorably discharged veteran, the spouse of a veteran unable to work due to a service connected disability, or the unremarried 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, you may claim preference during the selection process for a position within the state personnel system. In order for us to determine your eligibility for veterans preference, you must attach a copy of a DD-214 form and other supporting documentation along with your application.

Please indicate which of the following options best fits your veterans status (options continue on next page):

- ☐ I am not a Veteran.
- ☐ Eligible Veteran (must supply DD-214)
- ☐ Eligible Disabled Veteran (must supply DD-214 and proof of disability)

- ☐ Unremarried Surviving Spouse of an Eligible Veteran (must supply DD-214, marriage license, death certificate for the veteran and a signed statement that the applicant has not remarried)
- ☐ Spouse of an Eligible Veteran (must supply DD-214, proof of disability and a marriage license)
- ☐ I am a veteran but am not eligible for veterans preference. (Supply DD-214 for verification purposes)

Background Check: If required for the job, would you be willing to submit to a background check?

☐ Yes ☐ No

Appeal Rights

If you receive notice that you have been eliminated from consideration for the position, you may protest the action by filing an appeal with the State Personnel Board/State Personnel Director within 10 days from the date you receive notice of the elimination. Also, if you wish to challenge the selection and comparative analysis process, you may file an appeal with the State Personnel Board/State Personnel Director within 10 days from the receipt of notice or knowledge of the action you are challenging. Refer to Chapters 4 and 8 of the State Personnel Board Rules and Personnel Director's Administrative Procedures, 4 CCR 801, for more information about the appeals process. The State Personnel Board Rules and Personnel Director's Administrative Procedures are available at spb.colorado.gov. A standard appeal form is available at: spb.colorado.gov. If you appeal, your appeal must be submitted in writing on the official appeal form, signed by you or your representative, and received at the following address within 10 days of your receipt of notice or knowledge of the action: Colorado State Personnel Board/State Personnel Director, Attn: Appeals Processing, 1525 Sherman Street, 4th Floor, Denver, CO 80203. Fax: 303-866-5038. Phone: 303-866-3300. The ten-day deadline and these appeal procedures also apply to all charges of discrimination.

☐ I affirm that I have read and understand my appeal rights as stated above.



Application for Announced Vacancy

Job Title: _____

Job Number: _____

Department: _____

Location: _____

Closing Date & Time: _____

First Name: _____

Middle Name: _____

Last Name: _____

Person ID (Agency Use only): _____

Recruitment Information

Check the one (1) that best describes how you learned about this job opening.

- | | |
|---|---|
| <input type="checkbox"/> State of Colorado (CO-Jobs) website | <input type="checkbox"/> Posted announcement at Workforce Center |
| <input type="checkbox"/> State Agency Website | <input type="checkbox"/> Posted announcement at School Placement Office |
| <input type="checkbox"/> Other website | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> Denver Post | <input type="checkbox"/> Friend/Relative |
| <input type="checkbox"/> Other newspaper | <input type="checkbox"/> Current State Employee |
| <input type="checkbox"/> State Agency newspaper/newsletter | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Radio | |
| <input type="checkbox"/> Television | |
| <input type="checkbox"/> Posted announcement at State Agency Office | |

For Agency Use Only:

Application Received: _____

Application Entered: _____

Application Reviewed: ☐ Accepted ☐ Rejected ☐ Conditional Accept

Reason for reject/conditional accept:

☐ Education ☐ Experience ☐ Education and Experience ☐ Other

Second Review of Application: ☐ Agree ☐ Disagree

Do you have proof of your legal right to work in the US?

☐ Yes ☐ No

Colorado Driver's License Number: _____ Class: _____

Licenses/Certificates/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, Agency, or Organization Granting License: _____

Language Proficiency:

List language skills, other than English, you have and your level of proficiency (speak, read, write, etc.).

Language: _____ Level of Proficiency: _____

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. If you need additional space, attach a separate sheet of paper using the same format.

High School Graduate or GED: ☐ Yes ☐ No

University/College (Undergraduate, Graduate, Post Graduate)

Name: _____

Location: _____ Degree Awarded: _____

Major Field of Study: _____

Minor Field of Study: _____

Total Semester Hours: _____

Name: _____

Location: _____ Degree Awarded: _____

Major Field of Study: _____

Minor Field of Study: _____

Total Semester Hours: _____

Name: _____

Location: _____ Degree Awarded: _____

Major Field of Study: _____

Minor Field of Study: _____

Total Semester Hours: _____

Business, Trade, Technical, Vocational School or Military Training

Name: _____

Location: _____

Title of Program or Subjects Taken: _____ Total Classroom Hours: _____

Certificate Received: ☐ Yes ☐ No

Name: _____

Location: _____

Title of Program or Subjects Taken: _____ Total Classroom Hours: _____

Certificate Received: ☐ Yes ☐ No

Work Experience:

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. If you need additional space, attach a separate sheet of paper using the same format.

Company/Agency: _____

Your Job Title: _____

Employer Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor Name and Title: _____

Supervisor Phone: _____

Dates of Employment (Month, Year): From _____ to _____

Hours Per Week: _____ Number Employees Supervised: _____

Duties: _____

Reason for Leaving: _____

Company/Agency: _____

Your Job Title: _____

Employer Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor Name and Title: _____

Supervisor Phone: _____

Dates of Employment (Month, Year): From _____ to _____

Hours Per Week: _____ Number Employees Supervised: _____

Duties: _____

Reason for Leaving: _____

Company/Agency: _____

Your Job Title: _____

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Hours Per Week: _____ Number Employees Supervised: _____

Duties: _____

Reason for Leaving: _____

Company/Agency: _____

Your Job Title: _____

Employer Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor Name and Title: _____

Supervisor Phone: _____

Dates of Employment (Month, Year): From _____ to _____

Hours Per Week: _____ Number Employees Supervised: _____

Duties: _____

Reason for Leaving: _____

References:

Name: _____ **Phone:** _____

Business/Occupation: _____ **Relationship:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Name: _____ **Phone:** _____

Business/Occupation: _____ **Relationship:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Name: _____ **Phone:** _____

Business/Occupation: _____ **Relationship:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

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).

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.