



Date Application Received: _____

**PROFESSIONAL AND CLASSIFIED SUPPORT STAFF APPLICATION FORM
CENTENNIAL BOARD OF COOPERATIVE EDUCATIONAL SERVICES**

*BOCES is interested in securing the services of the best personnel available,
and sincerely appreciates the time and interest you have given in completing
an application for the Centennial BOCES*
WWW.CBOCES.ORG

Greeley Office

2020 Clubhouse Drive, Suite 230, Greeley, CO 80634

970-352-7404 Office / 970-352-7350 FAX

Fort Morgan Office

820 West Platte Avenue, Fort Morgan, CO 80701

970-867-8297 Office / 970-867-6129 FAX

(Please type or print legibly in black ink)

Name: _____

Position Desired: _____

Address: _____

Home Telephone: _____
Work Telephone: _____

Social Security Number: _____

Successful candidates will be required to submit to a fingerprint check with a portion of the expense borne by the employee (HB90-1077). Applications will be maintained in an active file for a period of one year, unless otherwise noted.

Experience or Work Record: (list most recent first)

Company Name: _____ Telephone: _____ Supervisor: _____

Address: _____ Employment Dates: From _____ To: _____

State Job Title/Brief Job Description: _____

Reason for Leaving: _____

Company Name: _____ Telephone: _____ Supervisor: _____
 Address: _____ Employment Dates: From _____ To: _____

State Job Title/Brief Job Description: _____

Reason for Leaving: _____

Company Name: _____ Telephone: _____ Supervisor: _____
 Address: _____ Employment Dates: From _____ To: _____

State Job Title/Brief Job Description: _____

Reason for Leaving: _____

Would you prefer to work: _____ Full-time _____ Part-time _____ Either

Indicate your experience by checking or filling in the appropriate spaces

Accounting	Data Entry
Bookkeeping	Shorthand WPM
Software Knowledge	Switchboard
	Keyboarding WPM
10 Key Operation	Word processing
Computer Operation	Type

Other (specify): _____

List Types of Software/Hardware: _____

Have you ever been convicted of a felony or do you presently have any felony charge pending against you? If so give particulars. _____

Have you ever been bonded? If so, on which job(s). _____

EDUCATIONAL AND PROFESSIONAL TRAINING: (list high school, trade/technical school and college in chronological order:

Name of Institution	Location	Dates Attended		Degree Granted	Date of Degree	Major
		From:	To:			

EDUCATIONAL AND PROFESSIONAL TRAINING: CONT'D					
Name of Institution	Location	Dates Attended From: To:	Degree Granted	Date of Degree	Major

REFERENCES FOR PROFESSIONAL EXPERIENCE PREVIOUSLY LISTED:			
Name	Position	Address	Telephone
1.		_____	
2.		_____	
3.		_____	
4.		_____	
5.		_____	

Do you require or propose any work place accommodations to enable you to perform the essential functions of the job for which you are applying? If so please describe: _____

I understand that acceptance of an offer of employment does not create a contractual obligation upon the Board to continue to employ me in the future, that if I am employed my employment is subject to duly adopted policies, rules and regulations of the Board as they exist on the effective date of my employment and as they may be amended from time to time thereafter, and that the Board has the right to change its policies, rules and regulations at any time as in its sole discretion it deems necessary. I also understand that employment by the Board is not pursuant to the Teacher Employment, Compensation and Dismissal Act of 1990.

Signature: _____ Date: _____