

Pikes Peak Respite Services Inc. PO Box 38455 Colorado Springs, CO 80937 (719) 659-6344

## **Contractor Application**

## **EQUAL OPPORTUNITY**

Pikes Peak Respite Services (PPRS) does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, `pregnancy, age, ancestry, disability, marital status, sexual orientation, veteran status, or other status protected by applicable federal, state or local law.

## **PPRS Contractor APPLICATION**

PLEASE PRINT LEGIBLY

Name (last) (first		) (n			(middle)			Social Security No.			
Home Addre	ess			city	,		state		zip code		
Text Telephone No. area code			How long at present address?			less tha	ess than one year) city state zip code				
Email Address:				Have you ever worked for or applied for a p PPRS? ? No ? Yes If YES, give de							
Position app	olied for:					•	2, 3		vailable	-	
Will you relocate? Geographical prefere		nce of position			How	How did you come in contact with F			PRS?		
Have you ever been convicted of, or plead guilty or "no contest" to any crime (other than minor traffic offenses) that has not been expunged from your record?  No Yes If YES, state nature of crime, when, where and disposition of offense.  "A conviction record will not be a bar to employment. Factors such as age and time of the offense, seriousness and nature of violation, and rehabilitation will be considered."											
EDUCATION				Dates of Enrollment			Major Field of Study		dy	Graduation Informa	
INSTITUTIO	N'S NA	ME AND ADDRESS		FROM	ТО						
High School						-				Did you g	raduate?  ? Yes
										·	
College or University						-				Did you g	graduate?  ? Yes en?
-										Did you g	raduate?
Graduate Study						-				? No	? Yes en?
Other										Did you g	raduate?
						-				? No If so, whe	? Yes en?
To what professional and business organizations do you belong? (Exclude all information which relates to age, sex, race, religion, color, national origin, marital status, veteran status, sexual orientation, ancestry, and disability.)											
Special skills, languages, hobbies, interests											
U.S. MILITARY EXPERIENCE											
Service Branch Dates of Active Duty		Final Rank	Duties Pe	Outies Performed			S	Selective Service Classification			

List your most recent position first:						
Employer's name and complete address and	DATES	S EMPLOYED	Position title			
telephone number	From	То				
	Full-Time ?	Part-Time ?	Name and title	of supervisor		
		SALARY				
	Start	Final	Reason for leaving			
Summarize your most important duties and resp	oonsibilities. Cite significant	accomplishments.				
Employer's name and complete address and		SEMPLOYED	Position title			
telephone number	From	То				
	Full-Time ?	Part-Time ?	Name and title of supervisor			
	5	SALARY				
	Start	Final	Reason for leav	ring		
Summarize your most important duties and resp	onsibilities. Cite significant	accomplishments.	•			
Employer's name and complete address and	DATES	S EMPLOYED	Position title			
telephone number	From	То				
	Full-Time ?	Part-Time ?	Name and title of supervisor			
		SALARY				
	Start	Final	Reason for leaving			
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Summarize your most important duties and resp	oonsibilities. Cite significant	accomplishments.				
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			Position title			
Employer's name and complete address and	DATES	S EMPLOYED	Position title			
Employer's name and complete address and	DATES	S EMPLOYED To		of supervisor		
Employer's name and complete address and	DATES From Full-Time ?	S EMPLOYED  To  Part-Time ?	Position title	of supervisor		
Employer's name and complete address and	DATES From Full-Time ?	S EMPLOYED  To  Part-Time ?	Name and title			
Employer's name and complete address and	DATES From Full-Time ?	S EMPLOYED  To  Part-Time ?				
Employer's name and complete address and telephone number	From Full-Time ?	S EMPLOYED  To  Part-Time ?  SALARY  Final	Name and title			
Employer's name and complete address and telephone number	From Full-Time ?	S EMPLOYED  To  Part-Time ?  SALARY  Final	Name and title			
Employer's name and complete address and telephone number	From Full-Time ?	S EMPLOYED  To  Part-Time ?  SALARY  Final	Name and title			
Employer's name and complete address and telephone number  Summarize your most important duties and resp	From Full-Time ? Start  consibilities. Cite significant	Part-Time ?  SALARY  Final  accomplishments.	Name and title			
Employer's name and complete address and telephone number  Summarize your most important duties and results and results are summarized.	DATES From Full-Time ? Start  consibilities. Cite significant  OYERS – LIST THEM UNDE	Part-Time ?  SALARY  Final  accomplishments.	Name and title of Reason for leave	ring		
Employer's name and complete address and telephone number  Summarize your most important duties and results and results are summarized.	DATES From Full-Time ? Start  consibilities. Cite significant  OYERS – LIST THEM UNDE	Part-Time ?  SALARY  Final  accomplishments.	Name and title of Reason for leave	ring		
Employer's name and complete address and telephone number  Summarize your most important duties and responsible to the second of	DATES From Full-Time ? Start  consibilities. Cite significant  OYERS – LIST THEM UNDE	Part-Time ?  SALARY  Final  accomplishments.  ER "ADDITIONAL INFORI	Name and title of Reason for leaver MATION."	oloyment application.		
Employer's name and complete address and telephone number  Summarize your most important duties and respondence in the personal respondence in	DATES From Full-Time ? Start  consibilities. Cite significant  OYERS – LIST THEM UNDE	Part-Time ?  Part-Time ?  SALARY  Final  accomplishments.  ER "ADDITIONAL INFORING Experience must be included any reference of the content o	Name and title of Reason for leaver MATION."	oloyment application.		
Employer's name and complete address and telephone number  Summarize your most important duties and result in the second	DATES From Full-Time ? Start  Consibilities. Cite significant  OYERS – LIST THEM UNDER PART OF SAILARY SCHEDULE, all relevant one familiar with your work.	Part-Time ?  Part-Time ?  SALARY  Final  accomplishments.  ER "ADDITIONAL INFORING Experience must be included any reference of the content o	Name and title of Reason for leaver MATION."	oloyment application.	erence.	
Employer's name and complete address and telephone number  Summarize your most important duties and respondence of the proper placement on the personal respondence of the	DATES From Full-Time ? Start  Consibilities. Cite significant  OYERS – LIST THEM UNDER PART OF SAILARY SCHEDULE, all relevant one familiar with your work.	Part-Time ?  Part-Time ?  SALARY  Final  accomplishments.  ER "ADDITIONAL INFORING Experience must be included any reference of the content o	Name and title of Reason for leaver MATION."	oloyment application.	erence.	
Employer's name and complete address and elephone number  Summarize your most important duties and respondent to the second of t	DATES From Full-Time ? Start  Consibilities. Cite significant  OYERS – LIST THEM UNDER PART OF SAILARY SCHEDULE, all relevant one familiar with your work.	Part-Time ?  Part-Time ?  SALARY  Final  accomplishments.  ER "ADDITIONAL INFORING Experience must be included any reference of the content o	Name and title of Reason for leaver MATION."	oloyment application.	erence. Yea	

ADDITIONAL INFORMATION FROM PRECEDING PAGES:					
Business telephone number:					
or Telephone number where you may be reached during the day	rea code				
person, educational institution, employer, credit age requested by PPRS to arrive at an employment dec	make such investigation as it deems appropriate and authorize any ency and entity to provide PPRS with any information that may be sision. I release all parties communicating this information, as well as ir damage caused by the communication of such information.				
false information, omission, or misrepresentation of	by me on this application is true and correct. I understand that any fact contained in this application (or in the resume I have submitted the denial of my application, or, if I am employed, discharge at any				
I certify that I have read and understood the	e foregoing paragraphs.				
Applicant's Signature:	Date:				
PPRS Rep Signature:	Date:				