



# INSPIRATION FIELD

1500 San Juan Avenue P.O. Box 1130 La Junta, CO 81050  
(719) 384-8741 Fax (719) 384-4278 email [info@inspirationfield.org](mailto:info@inspirationfield.org)

## INSPIRATIONFIELD EMPLOYMENT APPLICATION

### GENERAL INSTRUCTIONS

Complete all parts of this application and sign. You may bring this application to **INSPIRATIONFIELD** or mail to: **INSPIRATIONFIELD**, Human Resources, 1500 San Juan Ave., La Junta, CO 81050.

### SECTION 1: PERSONAL INFORMATION *(please print legibly in blue or black ink)*

|   |  |            |                                    |  |  |
|---|--|------------|------------------------------------|--|--|
| For which position are you applying?  |  |            |                                    | Today's Date   |  |
| Last Name   |  | First Name | Middle Name                        | Phone (Home)   |  |
| Current Address   |  |            | Phone (Work)                       | Phone (Cell/Other)   |  |
| City  |  | State      | Zip                                | Email  |  |
| Prior Address (if any)  |  |            | If hired, what date can you start? |  |  |
| City  |  | State      | Zip                                | Are you at least 18 years old?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| Availability:<br><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute/On call employment <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights |  |            |                                    |  |  |

### SECTION 2: JOB-RELATED SKILLS

|  |  |  |      |                |
|--|--|--|------|----------------|
| All newly hired <b>INSPIRATIONFIELD</b> employees must be at least 18 years of age and have a valid driver's license, Proof of Colorado Motor Vehicle Insurance and must be able to document their educational experience. |  |  |      |                |
| Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  | Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO |      |                |
| Name on License  |  | Driver's License Number  | Type | State of Issue |
| Have you had any moving violations in the past 5 years?<br><input type="checkbox"/> YES <input type="checkbox"/> NO Please describe:   |  |  |      |                |
|  |  |  |      |                |
| Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to our company   |  |  |      |                |
| Please review the essential functions of the job for which you are applying and which are attached to the application.   |  |  |      |                |
| Can you perform the essential functions of the job you are applying for with or without accommodation?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |      |                |

### SECTION 3: EDUCATION

|  |             |                   |                      |
|--|-------------|-------------------|----------------------|
| Please circle highest grade completed. 7 8 9 10 11 12 GED Some College AA BA/BS Other        |             |                   |                      |
| If your school records are under a different name than listed above, please enter that name: |             |                   |                      |
|  | <b>NAME</b> | <b>CITY/STATE</b> | <b>STATUS/DEGREE</b> |
| High School  |             |                   |                      |
| College  |             |                   |                      |
| Other  |             |                   |                      |

### SECTION 4: EMPLOYMENT HISTORY

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

**Have you ever worked for INSPIRATIONFIELD before?** YES  NO  List Dates and Supervisor:

|  |       |       |   |                             |
|--|-------|-------|---|-----------------------------|
| <b>Most Recent Employer</b> (Company Name) |       |       | Are you currently working for this employer?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO |                             |
| City                                       | State | Zip   | Phone/Fax:  | Supervisor Name             |
| Dates Employed<br>From:                    | To:   | Title | Salary  | Circle Per<br>Hr Wk Mo. Yr. |
| Duties                                     |       |       |   |                             |
| Reason For Leaving                         |       |       |   |                             |

|   |       |       |   |                             |
|---|-------|-------|---|-----------------------------|
| <b>Second Most Recent Employer</b> (Company Name) |       |       | Are you currently working for this employer?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO |                             |
| City  | State | Zip   | Phone/Fax:  | Supervisor Name             |
| Dates Employed<br>From:                           | To:   | Title | Salary  | Circle Per<br>Hr Wk Mo. Yr. |
| Duties  |       |       |   |                             |
| Reason For Leaving                                |       |       |   |                             |

|  |       |       |   |                             |
|--|-------|-------|---|-----------------------------|
| <b>Third Most Recent Employer</b> (Company Name) |       |       | Are you currently working for this employer?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO |                             |
| City   | State | Zip   | Phone/Fax:  | Supervisor Name             |
| Dates Employed<br>From:                          | To:   | Title | Salary  | Circle Per<br>Hr Wk Mo. Yr. |
| Duties   |       |       |   |                             |
| Reason For Leaving                               |       |       |   |                             |

**SECTION 5: REFERENCES** *(All six reference slots must be completed)*

**Business References** Include only individuals familiar with your work ability. Do not include relatives or friends.

|      |         |       |                      |
|------|---------|-------|----------------------|
| Name | Address | Phone | Type of Relationship |
| Name | Address | Phone | Type of Relationship |
| Name | Address | Phone | Type of Relationship |

**Personal References** Include only individuals familiar with your work ability. Do not include relatives.

|      |         |       |                      |
|------|---------|-------|----------------------|
| Name | Address | Phone | Type of Relationship |
| Name | Address | Phone | Type of Relationship |
| Name | Address | Phone | Type of Relationship |

How were you referred to **INSPIRATIONFIELD**?

**SECTION 6: SECURITY**

List states and counties of residence for the past seven years.

Have you used any names or Social Security Numbers other than given above?  
 YES  NO If so please list:

Have you ever been convicted of a crime? **(List all offenses, including petty, misdemeanor and felony convictions)**  
 YES  NO If so please describe in boxes below:

| INCIDENT/ DATE | CITY/ STATE | CHARGE |
|----------------|-------------|--------|
|                |             |        |
|                |             |        |
|                |             |        |

Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as type of offense, age at time of offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.

**SECTION 7: APPLICANT SIGNATURE**

**Applicant Note:** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

**Certification And Release:** I certify that I have read and understand the applicant note above and that the answers given by me to the foregoing questions and to the statements made by me are complete and true to the best to my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and / or its agents including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said person, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug and alcohol testing to detect the use of illegal drugs prior to and during employment in accordance to the **INSPIRATIONFIELD** Drug and Alcohol Policy and Procedures.

|                     |      |
|---------------------|------|
| Applicant Signature | Date |
|---------------------|------|