

**COLORADO DEPARTMENT OF TRANSPORTATION
TEMPORARY EMPLOYMENT INTEREST FORM**

Please complete the following information.

Job Title		Locations		
Name (First, Middle, Last, Suffix)				
Mailing Address (Street, Apt/Unit or P.O. Box)				
City		State		Zip Code
Phone Number		Email Address		
Colorado Driver's License Number	Expiration Date	Class	Endorsements	Restrictions

Education Record

This section must be accurate and complete. This application is used to determine if you meet the minimum job requirements.

High School Graduate	Yes	No	GED	Yes	No
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University and College (undergraduate, graduate, post graduate)

Name		Location		Attended from– To
Degree	Date	Major	Minor	Total Semester Hours
Name		Location		Attended from– To
Degree	Date	Major	Minor	Total Semester Hours
Name		Location		Attended from– To
Degree	Date	Major	Minor	Total Semester Hours

Business, Trade, Technical, Vocational School or Military Training

Name		Location		Attended from– To
Program Title		Date	Certificate Yes No	Total Hours
Name		Location		Attended from– To
Program Title		Date	Certificate Yes No	Total Hours

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License/Certifications/Registrations

If a license/certification/registration is required for the job for which you are applying (e.g. Welder, Professional Engineer, etc.) complete the following:

License Type	License Number	Expiration Date
License Type	License Number	Expiration Date

Employment History

List your employment history starting with your most recent job, including part-time, temporary, and volunteer jobs. If more than one job was held with a given organization, list each job as a separate period of employment. Under duties clearly describe the task you performed, technical or other responsibilities as they related to the job. Be complete and specific in detailing of duties. If it is found the information provided is untrue or falsified, you will not be considered for a job with the State of Colorado.

Employer	Your Job Title		Dates of Employment
Address			From
Supervisor Name	Title	Phone	To
Describe your job responsibilities and tasks			Hours Per Week
			Hourly Salary
Reason for leaving			Number of Employees Supervised

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Address			From
Supervisor Name	Title	Phone	To
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Describe your job responsibilities and tasks			Hours Per Week
			Hourly Salary
Reason for leaving			Number of Employees Supervised

Certification:

I certify that I possess the experience, education, and/or licenses required for the job for which I am applying. I certify that all the statements made on this application are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that I may NOT be considered for jobs with the State of Colorado and/or may be removed from a job after hire if it is found that information on this application form was falsified or untrue. If requested, I can and will supply documentation that will confirm that the entries made on this application are true and correct. I am aware that the State of Colorado has a payroll direct deposit requirement for employment. When needed, I can supply the correct documentation for direct deposit.

Signature	Date
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