## All State Communications, Inc. PO Box 1061

## PO Box 1061 Glenwood Springs, CO 81602-1061

## PLEASE TYPE OR PRINT IN BLACK INK

NAME: Last Name	First Name	Middle Name		Suffix			
THE FOLLOWING INFORMATION IS CONFIDENTIAL							
SOCIAL SECURITY NUMBER:							
MAILING ADDRESS: Street Address		Apt/Unit	P.O. Box				
City		State	Zip Code				
FIRST CONTACT PHONE NUMBER: Hom	e Phone						
SECOND CONTACT PHONE NUMBER: W	ork Phone						
E-MAIL ADDRESS:							
BIRTH DATE: Some state jobs have a legally required minimum age. Provide your entire birth date to be considered for these type(s) of jobs.  Month: Day: Year:							
COLORADO DRIVER'S LICENSE: DL Number: DL Class: Endorsements/Restrictions							
BACKGROUND CHECK: If required for the job, v	vould you be willing to submit to a backgroun	d check?	Yes	No			
LICENSES/CERTIFICATION/REGISTRATIONS: Please list any special licenses/certifications/registrations that you may hold.							
<b>LANGUAGE PROFICIENCY</b> : List language skills, other than English, you have and your levels of proficiency (speak, read, write, etc.)							
Language: Level of Proficiency:							

<b>EDUCATION HISTORY:</b> T meet the minimum job require					on is used	I to determine	if you
High School Graduate: Ye	s No		GED:	Yes	No		
UNIVERSITY	/COLLEGE (UNDE	ERGRAD	UATE, GRA	DUATE, PO	ST GRA	DUATE)	
Name:		Location:				Attended From	- To (Mo-Yr)
Degree Awarded:	Date:	Major Field of Study: Minor Field of Study:		Study:	Total Semester Hours:		
Name:		Location:				Attended From	- To (Mo-Yr)
Degree Awarded	Date	Major Field	of Study	Minor Field of S	Study	Total Semeste	r Hours
Name:		Location:		L		Attended From	- To (Mo-Yr)
Degree Awarded	Date	Major Field of Study Minor Field of Study		Study	Total Semester Hours		
DUONIEGO TO	ADE TEOUNION	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			LITARY	TD 4 IN IIN IO	
Name	ADE, TECHNICAL	Location:	IONAL SCH	IOOL OR MIII	LIIAKY	Attended From	- To (Mo-Yr)
							` '
Title of Program or Subjects Taken		Total Clas	ssroom Hours	Certificate Rec		Date	
Name		Location:		<u> </u>		Attended From	- To (Mo-Yr)
Title of Program or Subjects Taken		Total Clas	ssroom Hours	Certificate Rec		Date	
Additional qualifications or info	ormation that you wisl	h to have	considered:				
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temporary, and volunteer jobs. If more period of employment. Under "Duties technical, or other responsibilities as the detailing of duties. Information must be considered for a job with All State Considered space attach a separate she	e than one job was l ," describe clearly the hey relate to the job be accurate. If it is for nmunications, Inc. a	neld with a gine tasks you performed that information in may be nelded as the median and that information in the median and th	ven organization, list en performed and the nation are applying. Be continuated in the continuation provided is fals aremoved from a job a	each job held as a se ure of your supervise mplete and specific i sified, you will not be	eparate ory, n e		
EMPLOYER/Kind of Business	1 1 5	Your Job		DATES	OF.		
				EMPLOYMENT			
Address(Street, City, State, Zip Code)				From: Mo	Yr		
upervisor Name: Title:			Phone:	To: Mo	Yr		
Duties:				Hours Per Week	(		
				Tiodio For Trook			
				Monthly Salary S	5		
				Number Profess Employees Supe			
				Number Non-Pro Employees Supe			
EMPLOYER/Kind of Business		Your Job 7	-itle	DATES OF EMPLOYMENT			
Address(Street, City, State, Zip Code)		1		From: Mo	Yr		
Supervisor Name:	Title:		Phone:	To: Mo	Yr		
Duties:				Hours Per Week	<u> </u>		
				Monthly Salary S	<b>B</b>		
				Number Profess Employees Supe			
				Number Non-Pro Employees Supe			

EMPLOYER/Kind of Business		Your Job Title		DATES OF EMPLOYMENT		
Address(Street, City, State, Zip Code)				From: Mo	Yr	
Supervisor Name:	Title:		Phone:	To: Mo	Yr	
Duties:				Hours Per Wee	k	
				Monthly Salary	\$	
				,,	*	
				Number Profess Employees Sup		
				Number Non-Pr Employees Sup		
				<u> </u>		
EMPLOYER/Kind of Business		Your Job Title		DATES EMPLOYI		
Address(Street, City, State, Zip Code)				From: Mo	Yr	
Supervisor Name:	Title:		Phone:	To: Mo	Yr	
Duties:				Hours Per Wee	<u> </u> k	
				Monthly Salary	Φ	
				Number Profess Employees Sup		
				Number Non-Pr Employees Sup		

EMPLOYER/Kind of Business		Your Job Title			DATES OF EMPLOYMENT		
Address(Street, City, State, Zip Code)					From:	Мо	Yr
Supervisor Name:	Γitle:		Phone:		To:	Мо	Yr
Duties:					Hours F	Per Week	
					Monthly	y Salary \$	
						r Professi ees Supe	
						r Non-Pro vees Supe	
					1		
<b>REFERENCES:</b> List three persons who are not re the job for which you are applying. Do not repeat name						al qualifica	itions for
Name	Business/Occ	upation		R	elationsh	ip	
Address (Street, City, State, Zip Code)	1			PI	hone		
Name	Business/Occ	upation		R	elationsh	ip	
Address (Street, City, State, Zip Code)	1			PI	hone		
Name	Business/Occ	upation		R	elationsh	ip	
Address (Street, City, State, Zip Code)				PI	hone		
CERTIFICATION: I certify that I possess the exall statements, information and documents provided vigood faith. I understand that omissions, misleading, for application and subsequent testing may result in my Noticipline and/or termination after hire; and/or may condocumentation that will confirm that the entries made	with this application are false or untrue informa NOT being considered onstitute grounds for fu	e true, complete an tion, or any attemp for jobs with All St rther actions pursu	d correct to the bot at fraud or dece ate Communication ant to law. If requ	est of my it in any n ons, Inc.;	knowledg nanner co may cons	e and are r nnected wi titute groun	nade in th this
Signature (unsigned applications may not be conside	ered)			Date			