



Dear Applicant,

**Thank you for your interest in joining our Skills Academy Vocational Center team!**

Skills Academy VC serves the Adult ID/D community as well as School District Transitions clients to provide independent living training, job skills training, and socialization in the community to provide these clients the opportunity to reach their full potential, no matter their challenges in life.

Instructors provide instruction and guidance with patience and understanding in the classroom or community setting to encourage clients' social, physical, verbal and cognitive development.

Director Support Professionals assist assigned day program clients (one-on-one or two-on-one, depending on client support needs) with classes, activities, personal care, meals, and other support as needed.

In addition to day program services, SAVC provides comprehensive residential services for the special needs community, which include host home support, and compliance and reporting requirements. This department may require an additional application and supporting documents specific to host home services.

Please submit this completed application (ALL sections completed; enter N/A for those items that do not apply) and the required supporting documents (list on the last page) to be considered for an open position. Your application will not be processed until all required forms and documents have been received via postal mail, email or in person.

Skills Academy VC  
1575 Garden of the Gods Rd  
Colorado Springs, CO 80907

[hr@skillsacademyvc.org](mailto:hr@skillsacademyvc.org)

719-722-5551

Completion of this application and background checks does not guarantee, imply or contract you as a Skills Academy VC provider. If you are selected for the position to which you applied, you will be notified by Skills Academy VC.

Sincerely,

Skills Academy VC

## EMPLOYMENT APPLICATION

Please fill out the entire application.

### EMPLOYER INFORMATION

Employer Name: Skills Academy Vocational Center  
Address: 1575 Garden of the Gods Rd, St 250  
City, State, and Zip Code: Colorado Springs, CO, 80907  
Telephone: (719) 722-5551

Skills Academy Vocational Center is an Equal Opportunity Employer. We do not discriminate in our hiring practices on the basis of race, religion, color, sex, gender, identity, sexual orientation, age, disability, national origin, religion, veteran status, or any other status protected under federal, state, or local law.

All employment decisions at Skills Academy Vocational Center are decided on the basis of candidate qualifications, merit, and the unique needs of our business and the position.

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Driver's License Number/State/Expiration: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Application: \_\_\_\_\_

### EMERGENCY CONTACT

Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

EMPLOYMENT POSITION

Employment Position Applied For: \_\_\_\_\_

Full or Part Time: \_\_\_\_\_

When can you begin work if you are hired? \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

Have you applied to any position at our company previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when did you apply: \_\_\_\_\_

If yes, what position did you apply for: \_\_\_\_\_

Did anyone refer you to our company? If yes, who: \_\_\_\_\_

Do you have any friends or family working at our company? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name: \_\_\_\_\_

How did you hear about this position?

\_\_\_\_\_

WORK ELIGIBILITY

Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

If offered employment, are you able to provide proof that you are legally eligible to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's License (State/Number): \_\_\_\_\_

Are you able to perform the essential functions of the job position with or without reasonable accommodation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

## EDUCATIONAL BACKGROUND

Please list the schools attended. Include any other pertinent information about your education and training.

School name: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Subjects studied: \_\_\_\_\_

College/University: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Degree received: \_\_\_\_\_

Other: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Degree received: \_\_\_\_\_

Professional licenses, qualifications, or certifications:

\_\_\_\_\_

Special Achievements or Awards:

\_\_\_\_\_

## EMPLOYMENT HISTORY

Please list all jobs. Begin with the current or most recent employment. Continue on an extra sheet of paper if necessary.

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Key Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_

Key Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_

Key Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Military Service? \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch: \_\_\_\_\_

Years of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Specialized skills or training: \_\_\_\_\_

REFERENCES

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

I certify that all statements given on this application are true and complete to the best of my knowledge. I understand that any statements found to be false or misleading give sufficient reason not to hire me, or if hired, can be grounds for immediate termination. I authorize Skills Academy Vocational Center to conduct any investigation deemed appropriate concerning my application. I authorize former employers, references, and all other individuals and organizations disclosed herein to provide any information sought in connection with this application. The employment is at will, meaning that the employment is subject to termination at any time, with or without cause or notice, and at any time. I acknowledge that no written or oral representations nor representations about the employment can alter the at will employment status, except those which are executed by representatives at Skills Academy Vocational Center with the express authority to do so. I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS. APPLICANT

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_