



**SLV RETAC**  
**Education Coordinator Application**  
 8900 Independence Way Alamosa CO. 81101  
 Phone: (970) 975-0227



**INFORMATION AND INSTRUCTION**

THIS APPLICATION IS INTENDED TO BE USED AS AN EVALUATION OF YOUR QUALIFICATIONS AND NOT AN EMPLOYMENT CONTRACT. ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY. THE COMPLETE APPLICATION IS THE PRIMARY SOURCE OF INFORMATION FOR MAKING SELECTION DECISIONS. A FALSE OR MISLEADING STATEMENT ON THIS FORM OR IN THE INTERVIEW IS GROUNDS FOR TERMINATING THE APPLICATION PROCESS OR IF DISCOVERED AFTERWARDS, GROUNDS FOR IMMEDIATE TERMINATION. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF AGE (40 AND OVER), SEX (PREGNANCY, SEXUAL ORIENTATION, AND GENDER IDENTITY), MARITAL STATUS, RACE, RELIGION, NATIONAL ORIGIN, DISABILITY, GENETIC INFORMATION OR ANY OTHER APPLICABLE STATUS PROTECTED BY FEDERAL OR STATE LAW. YOU MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION AND COMPLETE SUCH EXAMINATIONS AS MAY BE REQUIRED TO DEMONSTRATE THAT YOU ARE CAPABLE OF PERFORMING TASKS WHICH ARE PERTINENT. VOLUNTEERING MAY BE CONDITIONAL UPON THE RESULTS OF A DRUG TEST, VERIFICATION OF PREVIOUS EMPLOYMENT AND REFERENCES, ALONG WITH A ROUTINE BACKGROUND CHECK INCLUDING CRIMINAL RECORD.

**INSTRUCTIONS:** THIS APPLICATION (and other supporting documentation) MAY BE DELIVERED IN PERSON (address above) or by Email ([slvretac8@gmail.com](mailto:slvretac8@gmail.com)). No application will be accepted after January 3<sup>rd</sup> 2025. Notification will be emailed out 48 hours upon receiving application to applicant.

1. PRINT CLEARLY OR USE COMPUTER TO FILL OUT APPLICATION; INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.
2. FILING AN APPLICATION DOES NOT ASSURE THAT YOU WILL BE ACCEPTED OR INTERVIEWED.
3. ALL MATERIALS SUBMITTED WILL NOT BE RETURNED.
4. ALL APPLICATIONS MUST BE SIGNED TO CERTIFY THAT ALL STATEMENTS ARE TRUE AND COMPLETE.

**POSITION DATA**

Date you can start: \_\_\_\_\_

**PERSONAL DATA**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

e-mail address \_\_\_\_\_

How did you learn about this Position? \_\_\_\_\_

Are you a citizen of the United States (native born or naturalized)? \_\_\_\_\_

If not a U.S. citizen – are you a Permanent Resident Alien? \_\_\_\_\_

Are You Presently Employed? \_\_\_\_\_ If Yes May We Inquire of Your Employer?  
 \_\_\_\_\_

Have You Been Convicted of A Felony in the Last Seven (7) Years? \_\_\_\_\_



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(Convictions will not necessarily disqualify you from employment)

Have You Used Any Names Other Than Indicated on This Form? \_\_\_\_\_

If so, please provide details: \_\_\_\_\_

**EDUCATION/TRAINING**

Last Grade Completed: 7 8 9 10 11 12 College: 2yrs 4yrs 6yrs 8yrs

Name & Location of Last High School Attended: \_\_\_\_\_

Graduated? \_\_\_\_\_ or G.E.D. Certificate Number: \_\_\_\_\_

College or University: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Courses of Studies \_\_\_\_\_

Other School, Certificates, or Training: \_\_\_\_\_

**MILITARY**

Date of Service: FROM \_\_\_\_\_ TO \_\_\_\_\_ Branch \_\_\_\_\_

Type of Discharge \_\_\_\_\_

Job Duties in Service \_\_\_\_\_

Active National Guard or Reservist:            **Yes**            **No**

**JOB RELATED SKILLS**

Do you have the appropriate valid driver's license? \_\_\_\_\_

Have you had any moving violations in the last three (3) years? \_\_\_\_\_

List any skills, licenses or certificates that may be job related or that you feel would be valuable to the position: \_\_\_\_\_

(Attach a Separate Sheet if Needed)

Do you have experience in education/training/presenting?    **Yes**            **No**

Have you review the job description?            **Yes**            **No**

Can you perform the requirements of an education coordinator listed in the job description with or without reasonable accommodations?  
 \_\_\_\_\_



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**REFERENCES**

LIST THREE (3) PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS

NAME	ADDRESS	PHONE	YEARS KNOWN

**PLEASE INCLUDE A RESUME AND LETTER OF INTREST WITH APPLICATION**

**CERTIFICATION AND RELEASE (APPLICATION MUST BE READ AND SIGNED)**

*I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE APPLICATION. I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS OF FACTS CONTAINED IN THIS APPLICATION MAY RESULT IN REJECTION OF MY APPLICATION OR DISCHARGE AT ANY TIME DURING MY TIME AS A EDUCATION COORDINATOR. I CONSENT TO THE RELEASE OF ANY OF THE INFORMATION PROVIDED REGARDING MY ABILITY AND FITNESS TO PERFORM BY EMPLOYERS, SCHOOLS, COMPANIES, LAW ENFORCEMENT AGENCIES AND OTHER AUTHORIZED PERSONNEL AND HEREBY RELEASE ANY SAID PERSONS, SCHOOLS, COMPANIES, 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 THE PERFORMANCE OF MY DUTIES. A PRE-EMPLOYMENT DRUG TEST MAY BE ADMINISTERED AND I AM WILLING TO SUBMIT TO DRUG TESTING TO DETECT THE USE OF ILLEGAL DRUGS PRIOR TO AND DURING EMPLOYMENT. I UNDERSTAND AND AGREE THAT, IF ACCEPTED, MY COMMITMENT IS FOR NO DEFINITE PERIOD, AND THAT I WILL BE SUBJECT TO THE PERSONNEL POLICIES IN EFFECT DURING MY TIME AS VICTIM ADVOCATE.*

*I HEREBY CERTIFY THAT THE APPLICATION IS COMPLETE AND THAT THE ANSWERS GIVEN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.*

<b>SIGNATURE</b>	<b>DATE</b>
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(TYPE IN NAME AND DATE, IF E-MAILING FORM)