

## **Douglas County Tax Work-Off Program Application**

Applicant must submit this application with **previous year's tax statement AND/OR Statement** of Taxes Due from Douglas County Treasurer's Office to:

## Douglas County Department of Human Resources

100 Third Street Castle Rock, Colorado 80104 Phone: (303) 660-7427 FAX: (877)-288-0401 Email: HR@douglas.co.us

First Name:	M.I.:		Last Name:		
ddress:	City:		State:	Zip:	
Phone Number:		Email	address:		
lease specify the type	e of work you would lik	ke to do, suc	h as admir	istrative, customer servic	e, etc.:
Please specify your ava	ilable start and end da	tes, desired v	work week	schedule:	
lease describe your p	revious applicable wo	ork experiend	ce, skills, t	raining or education:	
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