



780 E. Garden Drive  
 Windsor, CO 80550  
 Office (970) 674-0440 / Fax (970) 674-0443

### EMPLOYMENT APPLICATION

We do not discriminate on the basis of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legal protected status.

Position Applied For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number:( s) \_\_\_\_\_

Social Security Number ( Voluntary) \_\_\_\_\_

Are you eligible to work in the United States?  Yes  No  
 Proof of citizenship or immigration status will be required upon employment

Date available to work: \_\_\_\_\_ Are you seeking employment for :  Full Time  Part Time

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before? If Yes, give date: \_\_\_\_\_  Yes  No

Have you ever been employed with us before? If Yes, give date: \_\_\_\_\_  Yes  No

Have you ever been convicted of any law violation? (Except minor traffic violation)  Yes  No

If Yes, give details \_\_\_\_\_

(A "Yes" answer does not disqualify you from employment)

### EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE STUDY	NO. YEARS COMPLETED	DIPLOMA / DEGREE
HIGH SCHOOL				
COLLEGE				
OTHER(SPECIFY)				

For Driving Jobs Only: Do you have a valid driver's license?  Yes  No

Driver's License Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Class of License \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years?  Yes  No

If yes, give details \_\_\_\_\_

List Equipment Driven/Operated \_\_\_\_\_

**WORK EXPERIENCE - Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate protected status.**

Employer:		Job Title and Duties	
Address:		Dates of Employment	
Telephone #:		Starting Pay:	Ending Pay:
Supervisor:		Reason for Leaving:	
Employer:		Job Title and Duties	
Address:		Dates of Employment	
Telephone #:		Starting Pay:	Ending Pay:
Supervisor:		Reason for Leaving:	
Employer:		Job Title and Duties	
Address:		Dates of Employment	
Telephone #:		Starting Pay:	Ending Pay:
Supervisor:		Reason for Leaving:	

Are you presently employed?  
 If yes, may we contact your present employer?  
 Are you currently on "lay-off" status and subject to recall?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**PERSONAL/PROFESSIONAL REFERENCES - Do not include family members or past supervisors**

	Name	Telephone Number	Occupation
1.			
2.			
3.			

**APPLICANT'S STATEMENT**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize the employer to investigate consumer report, criminal history, immigration status, driving history and any other public notices deemed necessary by employer from a consumer-reporting agency and/or employment screening company. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical exam and drug-screening exam. I hereby consent to a pre and/or post employment drug screen as a condition of employment. I hereby understand that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Signature \_\_\_\_\_

Date: \_\_\_\_\_