

COLORADO ASPHALT WORKS INC.



5390 E 72nd Ave Commerce City, CO 80022 ◦ PH: 303-364-7569 ◦ Fax: 303-341-6028

APPLICATION FOR EMPLOYMENT (INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED)

PERSONAL INFORMATION

	DATE	SOCIAL SECURITY #		
NAME	DOB	SEX	M <input type="checkbox"/>	F <input type="checkbox"/>
Last	First	Middle		
PRESENT ADDRESS				
PERMANENT ADDRESS		Street	City	State
PHONE NUMBER				

D. L. NO.	STATE	TYPE	NUMBER OF ACCIDENTS IN THE LAST 3 YEARS	
NUMBER OF DUI'S		NUMBER OF OUTSTANDING TICKETS		
CITIZEN OF USA?		IF NOT, ARE YOU LEGALLY AUTHORIZED TO WORK IN THE USA?		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IF RELATED TO ANYONE IN OUR COMPANY, STATE NAME			REFERRED BY	

CRIMINAL HISTORY: HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH A CRIME? IF SO, PLEASE EXPLAIN:

IN CASE OF EMERGENCY NOTIFY		
NAME	ADDRESS	
CITY	STATE	ZIP
PHONE	RELATIONSHIP	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE	WHEN

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY?	READ	WRITE
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US MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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FORMER EMPLOYERS: List Below Last Three Employers, Starting With Last One First

NAME OF COMPANY _____
 ADDRESS _____ PHONE NO. _____
 DATE STARTED _____ DATE LEFT _____
 POSITION _____ SALARY _____
 REASON FOR LEAVING: (GIVE DETAILS) _____

NAME OF COMPANY _____
 ADDRESS _____ PHONE NO. _____
 DATE STARTED _____ DATE LEFT _____
 POSITION _____ SALARY _____
 REASON FOR LEAVING: (GIVE DETAILS) _____

NAME OF COMPANY _____
 ADDRESS _____ PHONE NO. _____
 DATE STARTED _____ DATE LEFT _____
 POSITION _____ SALARY _____
 REASON FOR LEAVING: (GIVE DETAILS) _____

REFERENCES: Give below the Names of Three Persons Not Related To You, Whom You Have Known At Least One Year

NAME	ADDRESS & PHONE NO.	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____

REMARKS _____

NEATNESS _____ CHARACTER _____

PERSONALITY _____ ABILITY _____

HIRED FOR POSITION _____ WAGE _____

APPROVED BY: _____

**COLORADO
ASPHALT
WORKS INC.**



**DISCLOSURE TO EMPLOYMENT APPLICANT
REGARDING PROCUREMENT OF A
MOTOR VEHICLE & CRIMINAL REPORT**

In connection with your application for employment, we may procure a Motor Vehicle Report & Criminal Record Report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision, we will provide you a copy of the report and description in writing of your rights under the Federal Fair Credit Reporting Act, if you so request it.

By your signature below, you hereby authorize us to obtain a motor vehicle record and/or and criminal report about you in order to consider you for employment.

APPLICANT'S NAME _____
(PLEASE PRINT)

APPLICANT'S
ADDRESS _____

CITY/STATE/ZIP _____

SOCIAL SECURITY NUMBER _____

SIGNATURE _____



PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself, including consumer credit, criminal convictions, motor vehicle, any and all Worker's Comp records, and other reports. These reports will include information as to my character, education, work habits, performance and experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences.

I authorize without reservations, any party or agency contracted by this employer to furnish the above-mentioned information.

I agree to indemnify and hold harmless Atlantic Personnel Screening Services, Inc., its employees, officers, directors, affiliates, sub contractors, and agents from any loss, expense, or damage, which may result directly or indirectly from information or reports furnished by Atlantic Personnel Screening Services, Inc.

I hereby consent to your obtaining the above information from Atlantic Personnel Screening Services, Inc. and/or any of their licensed agents. I understand to aid in the proper identification of my files or records the following information, as well as other information, is necessary.

Print Name _____ Sex _____ Race _____

Soc. Sec # _____ Date of Birth _____

Drivers License # _____ State _____

Current Address _____

City/State/Zip _____

Previous Employer _____ Phone _____

Position _____ Dates There _____

Applicant's Signature _____ Date _____

