

# APPLICATION FOR EMPLOYMENT

## An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time  Part-time  Temporary  employment?

When could you start work? \_\_\_\_\_

## GENERAL

\_\_\_\_\_  
Last Name First Name Middle Name Telephone Number

\_\_\_\_\_  
Present Street Address City State Zip Code

Are you 18 years of age or older? ..... Yes  No   
(If you are hired, you may be required to submit proof of age.)

If hired, you will be required to furnish proof of your eligibility to work in the U.S.

Have you ever applied here before? Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no contest." Exclude minor traffic violations.) ..... Yes  No

If yes, give details \_\_\_\_\_  
(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of our job? ..... Yes  No

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

# EDUCATION

List Name and Address of Schools		Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED			
College or University			
Subjects Studied			
Vocational or Technical			
Subjects Studied			

# SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? \_\_\_\_\_  
 \_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying? \_\_\_\_\_  
 \_\_\_\_\_

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

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed In \_\_\_\_\_

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

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

List professional, trade, business or civic activities and offices held.  
 (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

**Note: A job offer may be contingent upon acceptable references from current and former employers.**

Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
	Duties				Supervisor(s)
Title					
Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
	Duties				Supervisor(s)
Title					
Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
	Duties				Supervisor(s)
Title					
Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
	Duties				Supervisor(s)
Title					

# REFERENCES

Have you worked or attended school under any other names? . . . . . Yes  No

If yes, give names: \_\_\_\_\_

Are you presently employed? . . . . . Yes  No

If yes, whom do you suggest we contact? \_\_\_\_\_

Have you ever been fired from a job or asked to resign? . . . . . Yes  No

If yes, please explain: \_\_\_\_\_

Give three references, not relatives or former employers.

Name	Address	Phone

## AFFIDAVIT, CONSENT AND RELEASE

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

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 the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

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

This application for employment will remain active for a limited time.  
Ask the organization's representative for details.



Office (303) 688-6611  
Fax (303) 688-6685



6374 S. Racine Circle, Centennial Co. 80111

### **Veterans Invitation to Self-Identify**

Castle Rock Construction Company of Colorado, LLC., (CRCC) is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**
  - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

## INVITATION TO SELF-IDENTIFY

PLEASE PRINT

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
LAST FIRST MIDDLE

JOB TITLE APPLIED/HIRED FOR (*LIST ONLY ONE*) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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IF YOU BELIEVE YOU BELONG TO ANY OF THE CATEGORIES OF PROTECTED VETERANS LISTED ABOVE, PLEASE INDICATE BY CHECKING THE APPROPRIATE BOX BELOW.

AS A GOVERNMENT CONTRACTOR SUBJECT TO VEVRAA, WE REQUEST THIS INFORMATION IN ORDER TO MEASURE THE EFFECTIVENESS OF THE OUTREACH AND POSITIVE RECRUITMENT EFFORTS WE UNDERTAKE PURSUANT TO VEVRAA.

\_\_\_\_\_ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS LISTED ABOVE \_\_\_\_\_

\_\_\_\_\_ I AM NOT A PROTECTED VETERAN

\_\_\_\_\_ I DECLINE TO SELF-IDENTIFY

SUBMISSION OF THIS INFORMATION IS VOLUNTARY AND REFUSAL TO PROVIDE IT WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT. THE INFORMATION PROVIDED WILL BE USED ONLY IN WAYS THAT ARE NOT INCONSISTENT WITH THE VIETNAM ERA VETERANS' READJUSTMENT ASSISTANCE ACT OF 1974, AS AMENDED.

THE INFORMATION YOU SUBMIT WILL BE KEPT CONFIDENTIAL, EXCEPT THAT (I) SUPERVISORS AND MANAGERS MAY BE INFORMED REGARDING RESTRICTIONS ON THE WORK OR DUTIES OF DISABLED VETERANS, AND REGARDING NECESSARY ACCOMMODATIONS; (II) FIRST AID AND SAFETY PERSONNEL MAY BE INFORMED, WHEN AND TO THE EXTENT APPROPRIATE, IF YOU HAVE A CONDITION THAT MIGHT REQUIRE EMERGENCY TREATMENT; AND (III) GOVERNMENT OFFICIALS ENGAGED IN ENFORCING LAWS ADMINISTERED BY THE OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS, OR ENFORCING THE AMERICANS WITH DISABILITIES ACT, MAY BE INFORMED.