



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

3725 Canal Drive
Fort Collins, Colorado 80524
V | 970 484 3637 F | 970 484 3639

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, sexual orientation, marital status, 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 be 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 preference 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? _____

Which work schedules are you available to work: Weekdays Weekends Nights 4_10-hour days Overtime

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 United States.

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

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

How did you hear about us? _____

If an employee referred you to us please provide their name: _____

If employed, do you expect to be engaged in any additional business?

or employment outside of our job? Yes No

If yes, give details _____

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

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.) _____

LIST NAME AND ADDRESS OF SCHOOLS # of Years Completed _____ Diploma/Degree/Certificate _____

High School or GED: _____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that relate to the job for which you are applying? _____

What machines or equipment can you operate that relate to the job for which you are applying? _____

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 OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO / YR): FROM: TO:
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO / YR): FROM: TO:
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO / YR): FROM: TO:
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

Have you ever 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

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 will 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. 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 COMPANY 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.