

# EMPLOYMENT APPLICATION

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## APPLICANT INSTRUCTIONS

If you need help filling out this application for or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

**We are an equal opportunity Employer**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

SS # \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip

Prior Address: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip

1. Please read "APPLICANT NOTE" below.
2. Complete both sides of this page.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly; incomplete or illegible applications will not be processed. PLEASE NOTE: "NOT APPLICABLE" if not answering a question.
5. Provide only requested information. Failure to do so may result in disqualification of application.
6. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
7. DO NOT FILL OUT ANY OTHER ATTACHED FORMS OR PAGES UNTIL INSTRUCTED.

## APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness, or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

## AVAILABILITY

For which position are you applying? \_\_\_\_\_

What date can you start? \_\_\_\_\_ What category would you prefer?  Full-Time  Part-Time  Temporary  Labor Pool

For which schedules are you available?  Weekdays  Weekends  Evenings  Nights  Overtime  Shift  Other \_\_\_\_\_

\*Reasonable efforts will be made to accommodate sincerely held moral and ethical beliefs, (WI) religious beliefs and practices (All other states)

## JOB RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

- Yes  No If the job requires, do you have the appropriate valid driver's license?  
 Name on License \_\_\_\_\_ DL # \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_
- Yes  No Have you had any moving violations within the last seven years? Please describe: \_\_\_\_\_  
 Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company.  
 \_\_\_\_\_
- Yes  No Have you been given a job description or had the essential functions of the job explained to you? \_\_\_\_\_
- Yes  No Do you understand the essential functions? \_\_\_\_\_
- Yes  No Can you perform the essential functions of this job with or without reasonable accommodation? \_\_\_\_\_

## Security

List states and countries of residence for the past seven years:  
 \_\_\_\_\_

- Yes  No Have you ever used any names or Social Security Numbers other than given above? If so, please in comments below.
- Yes  No Have you been convicted of a crime in the past seven years? If so, please describe in detail in the boxes below. (Convictions will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of job sought and rehabilitation effort will be reviewed)

Incident	City/State	Charge
1.		
2.		

COMMENTS: Ask for additional page if necessary \_\_\_\_\_

