

EMPLOYMENT APPLICATION

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Golden, CO 80403
Office: 303-279-6611
Fax: 303-279-6216
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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.

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.

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

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 religious beliefs and practices.

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.

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will **not be** considered unless every question in this section is answered. Since we will make every effort to contact previous employers, *the correct phone numbers of past employers are critical.* FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER, OR EMPLOYER EMAIL / WEBSITE IS MANDATORY.

MOST RECENT EMPLOYER YES NO Are you currently working for this employer?
 YES NO If yes, may be contact them?

Company Name _____ City _____ State _____
 Dates Employed: _____
 From _____ To _____ Job Title _____ Supervisor Name _____
 Duties _____
 Reason for Leaving _____

SECOND MOST RECENT EMPLOYER YES NO Are you currently working for this employer?
 YES NO If yes, may be contact them?

Company Name _____ City _____ State _____
 Dates Employed: _____
 From _____ To _____ Job Title _____ Supervisor Name _____
 Duties _____
 Reason for Leaving _____

THIRD MOST RECENT EMPLOYER YES NO Are you currently working for this employer?
 YES NO If yes, may be contact them?

Company Name _____ City _____ State _____
 Dates Employed: _____
 From _____ To _____ Job Title _____ Supervisor Name _____
 Duties _____
 Reason for Leaving _____

REFERENCES Include only individuals familiar with your work ability. Do not include relatives.

Name	Address	Phone	Years
Known/Relationship			
1			
2			

EDUCATION NOTE: Do not fill out any part of this section you believe to be non-job related.
 Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on pay 1, please enter that name: _____

Name	City State	Graduated	Degree
High School			
College			
College			

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, school, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability or any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature	Date
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