

EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

Individuals who need assistance with any phase of the application process should notify the person who gave them the application to request a reasonable accommodation.

1. Complete all pages.
2. Please print a copy of your application and mail or deliver to SRDA, 230 North Union Ave, Pueblo, CO 81003

3. Print clearly : incomplete or illegible applications will not be processed.

PLEASE NOTE "NOT APPLICABLE"

IF NOT ANSWERING A QUESTION.

4. Provide only requested information. Failure to do so may result in disqualification of your application.

Senior Resource Development Agency, Pueblo Inc. is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religious, gender, national origin, age, disability, sexual orientation, veteran status, citizenship or any other characteristic protected by federal, state, or local law.

POSITION APPLIED FOR: _____

TODAY'S DATE: _____

NAME: _____

LAST FIRST MI

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____

Street

City State ZIP

PRIOR ADDRESS: _____

Street

City County State ZIP

Are you at least 18 years of age? _____ Yes _____ No

Are you legally eligible to work in the United States? _____

_____ Yes _____ No

Proof of employment eligibility will be required if hired.

AVAILABILITY

What date can you start? _____ What category would you prefer?
 _____ Full time _____ Part time _____ Temporary _____ Labor Pool

For which schedule are you available? *
 _____ Weekdays _____ Weekends _____ Evenings _____ Nights _____ Overtime
 _____ Shift _____ Other

* Reasonable efforts will be made to accommodate sincerely held religious beliefs.

EDUCATION

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 above, please enter that name. _____

| NAME | CITY/STATE | GRADUATED | DEGREE TYPE |
|-------------|------------|------------------|-------------|
| HIGH SCHOOL | | ____ YES ____ NO | |
| COLLEGE | | ____ YES ____ NO | |
| OTHER | | ____ YES ____ NO | |

ESSENTIAL JOB FUNCTIONS

- _____ 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 these essential functions?
- _____ Yes _____ No After carefully reviewing the job description and physical requirements of the job for which you are applying, are you able to perform the essential functions of the job with or without reasonable accommodations?

PROFESSIONAL LICENSES AND CERTIFICATIONS

Yes No Do you hold any professional licenses or certifications?
 Name of license/certifications _____
 License/certification number _____ Issuing State _____
 Yes No Has your licenses/certifications ever been revoked or suspended?
 If yes, state the reason(s), date of revocation or suspension, and date of reinstatement _____

REFERENCES *** Not Relatives or Former Employers***

| NAME | PHONE | YEARS KNOWN/RELATIONSHIP |
|------|-------|--------------------------|
| | | |
| | | |
| | | |

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application may not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the **correct telephone numbers of past employers are critical**. Ask for a phone book or call information if necessary FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER

Yes No If yes, may we contact?

Phone: ()
 Fax: ()

COMPANY NAME _____ CITY _____ STATE _____
 FROM _____ TO _____
 DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____
 DUTIES _____
 SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

SECOND MOST RECENT EMPLOYER

Yes No If yes, may we contact?

Phone: ()
 Fax: ()

COMPANY NAME _____ CITY _____ STATE _____
 FROM _____ TO _____
 DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____
 DUTIES _____
 SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

| | | | |
|-----------------------------------|---------------------------|---|------------------------------|
| THIRD MOST RECENT EMPLOYER | | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact? | Phone: () Fax: () |
| COMPANY NAME _____ | CITY _____ | STATE _____ | |
| FROM _____ | TO _____ | | |
| DATES EMPLOYED _____ | JOB TITLE _____ | SUPERVISOR NAME _____ | |
| DUTIES _____ | | | |
| SALARY _____ | (HOUR, WEEK, MONTH) _____ | REASON FOR LEAVING _____ | |

| | | | |
|-------------------------------------|-----------------------|--|------------------------------|
| LIST ANY VOLUNTEER POSITIONS | | <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently volunteering for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact? | Phone: () Fax: () |
| COMPANY NAME _____ | CITY _____ | STATE _____ | |
| FROM _____ | TO _____ | | |
| DATES VOLUNTEERED _____ | VOLUNTEER TITLE _____ | SUPERVISOR NAME _____ | |
| DUTIES _____ | | | |
| REASON FOR LEAVING _____ | | | |

| | | |
|--|--|------------------------|
| Only if applying for Driver Position: | DRIVER'S LICENSE INFORMATION (Last 3 years from date of application) | |
| State: _____ | Number: _____ | Expiration Date: _____ |
| Endorsement: _____ | | |
| State: _____ | Number: _____ | Expiration Date: _____ |
| Endorsement: _____ | | |
| State: _____ | Number: _____ | Expiration Date: _____ |
| Endorsement: _____ | | |
| State: _____ | Number: _____ | Expiration Date: _____ |
| Endorsement: _____ | | |

Only if applying for Driver Position:

ACCIDENT INFORMATION

(Last 3 years from date of application)

Year: _____

Fatalities _____

Injuries _____

Year: _____

Fatalities _____

Injuries _____

Year: _____

Fatalities _____

Injuries _____

Only if applying for Driver Position:

DRIVING EXPERIENCE

Type of Vehicle: _____

Approximate Miles: _____

Dates Driven: From _____

To: _____

Type of Vehicle: _____

Approximate Miles: _____

Dates Driven: From _____

To: _____

**Were you performing a Safety-Sensitive Function and subject to 49 CFR Part 40 and Part 382
Controlled Substance and Alcohol Testing during this period? YES / NO**

Employer Name: _____ Telephone: _____

Address: _____

Dates Employed: From _____ To _____ Supervisor _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES / NO

**Were you performing a Safety-Sensitive Function and subject to 49 CFR Part 40 and Part 382
Controlled Substance and Alcohol Testing during this period? YES / NO**

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This application an offer of employment. If hired, such employment shall be considered "at will" and this application is not intended to constitute a contract of continued employment. False or misleading statements during the interview or on this form may result in the refusal to hire or termination of employment. Applicants are considered from positions without discrimination on the basis of race, color, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws. 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 to a medical review. Depending on company policy and the need of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. Smoking is prohibited in all indoor areas of the Company's facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local laws.

PERMISSION TO WORK IN THE UNITED STATES

Yes No Are you legally eligible to work in the Untied States?

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on this form and that the answers given by me it 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 rejection 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 and of this information. any damage whatsoever for issuing the information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for 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.

APPLICANT DRUG TESTING ACKNOWLEDGEMENT

I understand that as part of my application for employment I must successfully complete a USDOT drug test as required by 49 CFR parts 40 & 655. I understand that a negative test result is required before I will be able to perform a safety sensitive function. Participation in the federal drug & alcohol testing program is a condition of employment. I also certify that I have not had a position drug test on a DOT pre-employment drug test in the past 2 years.

*

Signature of applicant: _____

Date: _____

" I certify that this application was completed by me and that all entries on it and the information in it are true and complete to the best of my knowledge."

*

Signature of applicant: _____

Date: _____

TO BE COMPLETED BY THE EMPLOYER

Application received by : _____

Application reviewed for completeness by: _____

Date of Hire: _____

Time & Date of Pre-Employment Physical: _____ Date of results Rec: _____

time & Date of Pre-Employment Drug Test: _____ Date of Drug Test Results Rec: _____

Date First Used in safety Sensitive Position: _____

Date of Termination: _____