



7920 East 88th Ave BLD E,
 Henderson, CO 80640
 P (303) 904-8343 F (303) 904-0010

Employment Application

Applicant Information										
Full Name:						Date:				
<i>Last</i>				<i>First</i>		<i>M.I.</i>				
Address:										
<i>Street Address</i>						<i>Apartment/Unit #</i>				
<i>City</i>						<i>State</i>		<i>ZIP Code</i>		
Phone:			E-mail Address:							
Date Available:		Social Security No.:		Desired Pay:		\$				
Position Applied for:										
Are you a citizen of the United States?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Have you ever been convicted of a felony?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:				
Education										
High School:			Address:							
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
College:			Address:							
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
Other:			Address:							
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
References										
<i>Please list three professional references.</i>										
Full Name:				Relationship:						
Company:				Phone:						
Address:										
Full Name:				Relationship:						
Company:				Phone:						
Address:										
Full Name:				Relationship:						
Company:				Phone:						
Address:										



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Previous Employment

Company:					Phone:	()	
Address:					Supervisor:		
Job Title:			Starting Pay:	\$	Ending Pay:		\$
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES	NO		
				<input type="checkbox"/>	<input type="checkbox"/>		
Company:					Phone:	()	
Address:					Supervisor:		
Job Title:			Starting Pay:	\$	Ending Pay:		\$
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES	NO		
				<input type="checkbox"/>	<input type="checkbox"/>		
Company:					Phone:	()	
Address:					Supervisor:		
Job Title:			Starting Pay:	\$	Ending Pay:		\$
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES	NO		
				<input type="checkbox"/>	<input type="checkbox"/>		

Military Service

Branch:				From	:		To:	
Rank at Discharge:			Type of Discharge:					
If other than honorable, explain:								

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:				Date:	
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Driver Information					
Drivers License number:				State:	()
Address:				Class :	
Expires:		Endorsements:		Red License:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Accidents, Violations in past three years explain?					
Emergency Contact					
Name:				Phone:	()
Address:				Relationship :	

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Pate Concrete Contractors, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I hereby consent to submittal of testing for alcohol and/or drug. I authorize the testing facility to release the results of the mentioned testing to Pate Concrete Contractors, Inc. and its designated representatives. I hereby release the testing facility and its employees, agents and affiliated entities from all liabilities, medical claim, or expenses that may arise from such testing.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date _____



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ARE YOU ABLE TO DO THE FOLLOWING (Answer Yes or No)

Physical Demand	Total per Day	Able to Perform	
Standing	1-10+ Hours per Day	YES <input type="radio"/>	NO <input type="radio"/>
Walking	1-10+ Hours per Day	YES <input type="radio"/>	NO <input type="radio"/>
Bending/Stooping	1-10+ Hours per Day	YES <input type="radio"/>	NO <input type="radio"/>
Kneeling	1-10+ Hours per Day	YES <input type="radio"/>	NO <input type="radio"/>
Squatting	1-10+ Hours per Day	YES <input type="radio"/>	NO <input type="radio"/>
Twisting	1-10+ Hours per Day	YES <input type="radio"/>	NO <input type="radio"/>
Crawling	1-10+ Hours per Day	YES <input type="radio"/>	NO <input type="radio"/>
Reach Above Shoulders	1-10+ Hours per Day	YES <input type="radio"/>	NO <input type="radio"/>
Reach Waist-Shoulder	1-10+ Hours per Day	YES <input type="radio"/>	NO <input type="radio"/>
Reach Knee-Waist	1-10+ Hours per Day	YES <input type="radio"/>	NO <input type="radio"/>
Reach Floor-Knee	1-10+ Hours per Day	YES <input type="radio"/>	NO <input type="radio"/>
Lift/Carry 1-10#		YES <input type="radio"/>	NO <input type="radio"/>
Lift/Carry 11-20#		YES <input type="radio"/>	NO <input type="radio"/>
Lift/Carry 21-50#		YES <input type="radio"/>	NO <input type="radio"/>
Lift/Carry 51-100#		YES <input type="radio"/>	NO <input type="radio"/>
Lift/Carry 100+#		YES <input type="radio"/>	NO <input type="radio"/>
Climb Stairs		YES <input type="radio"/>	NO <input type="radio"/>
Climb Ladders/Scaffolding		YES <input type="radio"/>	NO <input type="radio"/>
Work @ Heights		YES <input type="radio"/>	NO <input type="radio"/>
Repetitive Movements		YES <input type="radio"/>	NO <input type="radio"/>

How Would You Rate Your	Good	Fair	Poor or No
Vision (to ensure safety of others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing (to ensure safety of others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tolerance of Heat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tolerance of Cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal Communicate in English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Communicate in English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal Communicate in Spanish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Communicate in Spanish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>