

ASPHALT



SPECIALTIES CO.

10100 Dallas St. • Henderson, CO 80640 • (303) 289-8555 • Fax: (720) 322-7054

## Application for Employment

**FILL OUT ALL PAGES OF THE APPLICATION AS INSTRUCTED**

**Please submit the following to be copied:**

**• *Driver License or ID Card***

**\*\*\*If you have a Commercial Driver License (CDL), please request the CDL application.\*\*\***

# ASPHALT

## SPECIALTIES CO.

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### 2021 - Application for Employment

Asphalt Specialties Co., Inc. is proud to be an Equal Employment Opportunity and Affirmative Action employer. We do not discriminate based upon race, religion, color, national origin, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity, gender expression, age, status as a protected veteran, status as an individual with a disability, or other applicable legally protected characteristics.

Date of Application: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant Name \_\_\_\_\_  
First Middle Last

Cell Phone # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

\*Current Address \_\_\_\_\_  
Street City State Zip Code

Previous Address \_\_\_\_\_  
Street City State Zip Code

Previous Address \_\_\_\_\_  
Street City State Zip Code

Position applying for \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Who referred you? \_\_\_\_\_ Date available for work \_\_\_\_\_

Have you worked for this company before? No or Yes If YES please provide dates: From \_\_\_\_\_ To \_\_\_\_\_  
Circle one

Reason for leaving \_\_\_\_\_

Name of relatives employed at this company \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If not, how long since last employment? \_\_\_\_\_

### EDUCATION/ SKILLS

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

SKILLS: Please list any construction, driving or equipment operator skills that will help you in this position:

**Reference:** Please list a non-relative you have known at least two (2) years:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## Driver License Information

*Driver Licenses held in the past 3 years must be listed*

State	License No.	Type	Expiration Date

### Employment History

*Please start with the most recent employer*

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

.....  
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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
.....

# ● NOTE ●

**PLEASE READ BEFORE YOU MOVE ON!**  
DO NOT FILL OUT THE NEXT FORM, PLEASE SIGN  
YOUR NAME ONLY WHERE “APPLICANTS  
SIGNATURE” IS CIRCLED!!!

**¡POR FAVOR LEA ESTO ANTES DE SEGUIR!**  
¡EN LA SIGUIENTE FORMA NADAMAS FIRME SU  
NOMBRE DONDE ESTA CIRCULADO!

# REQUEST FOR INFORMATION

*I hereby authorize you to release the following information to: Asphalt Specialties Co., Inc. for the purposes of investigation. You are released from any and all liability which may result from furnishing such information.*

Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

Applicant Signature

**PROSPECTIVE EMPLOYER:**

Asphalt Specialties Co., Inc. 10100 Dallas Street, Henderson, CO 80640  
 Telephone: (303) 289-8555 **PLEASE FAX FORM BACK TO: (720) 322-7054**

Previous Employer: \_\_\_\_\_

Dear Sir/Madam:

The below named individual has made application to this company for a position as a \_\_\_\_\_ and states that he/she was employed by you as a \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below.

Sincerely,  
 Allison R. Tharel, HR Administrator

Name of Applicant: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_

1. Employed from \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_ at wage or salary of \_\_\_\_\_.

2. Reason for leaving your employ: Discharged \_\_\_; Resignation \_\_\_; Layoff \_\_\_; Military Duty \_\_\_

\*\*\*\*\* Please indicate your opinion by placing a check (✓) in the appropriate column. \*\*\*\*\*

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Attitude, ability to get along with others				
Skills				
Safety Habits				
Attendance				

COMMENTS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

### Permission for Release of Records

Print Name _____
Signature _____ Date _____
Date of Birth ___ / ___ / ___ Driver License Number _____ State _____
Purpose for which records are released _____ .....
Imprima su Nombre _____
Firma Su Nombre _____ Fecha _____
Fech De Nacimiento ___ / ___ / ___ Numero De Licencia _____ Estado _____
Propósito para el que se publican los registros _____ .....
Requestors Name <b><u>Asphalt Specialties Co., Inc.</u></b>
Address <b><u>10100 Dallas Street, Henderson, CO 80640</u></b>

### APPLICANT MUST READ AND SIGN

I certify that I have read and understand this employment application and that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application employment, as may be necessary in arriving at an employment decision. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I hereby understand and acknowledge unless otherwise defined by applicable law, any employment relationship with Asphalt Specialties Co., Inc. is of an "at will" nature which means that the employee may resign at any time and the employer may discharge the employee at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. In the even of employment, I understand false or misleading information given in my application or interviews may result in discharge. I also understand I am required to abide by all rules and regulations of the employer. I agree to pre-employment drug testing or any other drug testing if required to do so.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### EL SOLICITANTE DEBE LEER Y FIRMAR

Certifico que he leído y comprendido esta solicitud de empleo y que todas las respuestas aquí proporcionadas son verdaderas y completas según mi leal saber y entender. Autorizo la investigación de todas las declaraciones contenidas en esta solicitud de empleo, según sea necesario para llegar a una decisión de empleo. Entiendo que, como solicitante de un puesto en esta empresa, se me puede pedir que demuestre que soy capaz de realizar tareas que son pertinentes para el trabajo. Por la presente entiendo y reconozco, a menos que se defina lo contrario por la ley aplicable, cualquier relación laboral con Asphalt Specialties Co., Inc. es de naturaleza "a voluntad", lo que significa que el empleado puede renunciar en cualquier momento y el empleador puede despedir al empleado en cualquier momento. hora. Además, se entiende que esta relación laboral "a voluntad" no puede ser cambiada por ningún documento escrito o por conducta a menos que un ejecutivo autorizado de esta organización reconozca específicamente dicho cambio por escrito. En caso de empleo, entiendo que la información falsa o engañosa proporcionada en mi solicitud o entrevistas puede resultar en el despido. También entiendo que debo cumplir con todas las reglas y regulaciones del empleador. Estoy de acuerdo con la prueba de drogas previa al empleo o cualquier otra prueba de drogas si es necesario.

Firma del solicitante \_\_\_\_\_ Fecha \_\_\_\_\_

**A S P H A L T**



**S P E C I A L T I E S C O .**

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## EMPLOYMENT INTEREST

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**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

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### ***VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY DATA***

The following information is voluntary. The data provided will be used solely in connection with affirmative action efforts. It will help us to assess the representation of a diverse workforce. Your cooperation in providing us with the data requested is appreciated. It is the policy of the state, as expressed in the constitution, statues, Governor's executive orders, Personnel Board of Rules and Director's Procedures that the work force of the state should be representative of all individuals available to work in the state.

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**ETHNICITY:** Please check the Racial / Ethnic group with which you identify (check only one).

White  Black or African American  Native Hawaiian or Other Pacific Islander

Asian  Hispanic  American Indian or Alaska Native  Two or More Races

**GENDER:** Female

**DATE OF BIRTH:**

Male

\_\_\_\_\_  
Month Day Year

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**DATE AVAILABLE TO WORK:** \_\_\_\_\_

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***This page to be removed by the EEO Officer prior to referral.***

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