

A S P H A L T

SPECIALTIES CO.

345 W. 62nd Ave. • Denver, CO 80216 • (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.*****

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2024 - 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 _____

Emergency Contact: _____
Name Phone number

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: _____

.....
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: _____
.....

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	<u>Asphalt Specialties Co., Inc.</u>
Address	<u>345 W. 62nd AVE. DENVER, CO 80216</u>

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 _____

● 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. 345 W. 62nd Ave. Denver, CO 80216

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,

Lisa Rodriguez, HR Manager

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

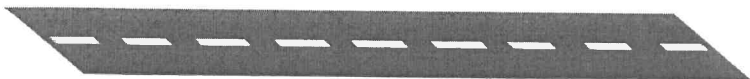
SIGNATURE _____

TITLE _____

DATE _____

Revised 3-2024

A S P H A L T



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EMPLOYMENT INTEREST

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

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.

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

DATE AVAILABLE TO WORK: _____

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