



The Submit button on the last page only works with Internet Explorer

Allied Recycled Aggregates
a division of Allied Demolition, Inc
P.O. Box 566, 7901 Hwy 85
Commerce City, CO 80037-0566
(303) 289-3366, (303) 289-3543 fax

EMPLOYMENT APPLICATION

Applicant Instructions: If you need help filling out this application form or for any phase of the employee 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.

Today's Date: _____

Name: _____

Social Security Number: _____

Home Phone: _____ Other Phone: _____

Current Address: _____

Prior Address: _____

Contact in Case of Emergency: _____

Emergency Contact Phone: _____

Can you legally work in the United States? _____

What languages do you Speak? _____

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 or 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, age, creed, national origin, disabilities or such as the current law provides. 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 needs 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.

AVAILABILITY:

For which position are you applying? _____

Expected wage / Salary: _____

What date can you start? _____ Preferred: full time: ___ part-time: ___ temporary: ___

Schedules you are available: weekdays: ___ weekends: ___ evenings: ___ nights: ___ overtime: ___

EDUCATION:

Highest grade completed (can be above high school grade 12): _____

Enter the name your high school records are under. _____

High school Name City/State: _____

Did you graduate? _____

College/Trade School & Degree: _____

Other: _____

JOB-RELATED SKILLS:

List any skills you feel maybe related to the job you are applying for: _____

PREVIOUS EMPLOYERS:

Most recent employer: _____

City /State: _____

Supervisor name: _____

Phone: _____

Are you currently working for this Employer? _____

If yes, may we contact this employer? _____

Dates Worked:

From: _____ To: _____ salary: _____

Job title: _____ Duties _____

Reason for leaving: _____

Second most recent employer: _____

City /State supervisor name & phone: _____

From: _____ To: _____ salary: _____

Job title: _____

Duties _____

Reason for leaving: _____

Third most recent employer: _____

City /State: _____

Supervisor name: _____

Phone: _____

Dates Worked:

From: _____ To: _____ salary: _____

Job title: _____

Duties _____

Reason for leaving: _____

REFERENCES:

Name address/phone years known relationship

1. _____

2. _____

3. _____

Comments: _____

CERTIFICATION AND RELEASE:

I certify that the statements and information given above is current and accurate to the best of my knowledge. I authorize the company and /or its agents, and/or assigns including but not limited to: consumer reporting bureaus, schools, former employers, persons, companies and law enforcement authorities to release any information concerning my back ground and hereby release any said consumer reporting bureaus, schools, former employers, persons, companies and law enforcement authorities from any and all liability for any and all damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If the company requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. By submitting electronically I confirm that my electronically signed name is intended to act as my signature under the Electronic Signatures in Global and National (ESIGN) and Uniform Electronics Transaction Act (UETA) laws.

Applicant Signature: _____ **date:** _____

(If using electronic submission click on the signature field)

[The Submit button on this page only works with Internet Explorer](#)