



# EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE

Aspen Earthworks Inc is an Equal Opportunity Employer, and it is the policy and practice of Aspen to comply with all Federal and State laws prohibiting discrimination in employment.

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

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Driver's License number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Applying for (job title): \_\_\_\_\_

Date you can start: \_\_\_\_\_ Desired salary: \_\_\_\_\_

Can you, after employment, submit verification of your legal right to work in the United States?  Yes  No

Do you have any relative(s) employed at Aspen Earthworks?  Yes  No

If yes, give name and position: \_\_\_\_\_

Have you ever been convicted of a crime, or are you currently under criminal investigation, or recently been released on bail?  Yes  No If yes, please explain: \_\_\_\_\_

*(Such conviction will not necessarily disqualify you from the position you applied for.)*

Are you presently employed?  Yes  No If yes, may we contact your present employer?  Yes  No

## EDUCATION

SCHOOLS	NAME OF SCHOOL	ADDRESS	GRADUATED OR DEGREEE
High School			
College			
Technical/Other			

Other (including conferences, workshops, seminars, and/or technical training): \_\_\_\_\_

Military Service	Branch of Service	Date of Entrance	Date of Discharge	Rank

Military assignments/Occupational specialty, if applicable: \_\_\_\_\_



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**DRIVING EXPERIENCE RECORD –ALL APPLICANTS– PLEASE INCLUDE A COPY OF YOUR DMV DRIVING RECORD (ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED)**

### ACCIDENT RECORD FOR PAST 3 YEARS

MONTH – YEAR	TYPE OF ACCIDENT	TYPE OF EQUIPMENT	DEATH OR INJURIES	CITY OR COUNTRY	EMPLOYER

### TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS

(OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

License revoked in the last three years?  Yes  No If yes, give statement of circumstances:

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**\*\*\*\*\* CDL DRIVER APPLICANTS ONLY, GENERAL DRIVING RECORD \*\*\*\*\***

To date, I have driven trucks for \_\_\_\_\_ years, covering approximately \_\_\_\_\_ miles.

The date of my last accident, while driving a commercial vehicle was \_\_\_\_\_; since

that time, I have driven approximately \_\_\_\_\_ accident free miles.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	Date	From	To	Approx. no. of miles Total)
Straight Truck					
Tractor and semi-trailer					
Tractor – two trailers					
Other					

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Do you have an OSHA 10 Card? \_\_\_\_\_ or OSHA 30 card? \_\_\_\_\_

Have you ever been injured on the job? \_\_\_\_\_ YES \_\_\_\_\_ NO

Provide details if yes: \_\_\_\_\_

**Special skills and Qualifications:** Summarize special job-related and qualifications acquired from employment or other experience. \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present or last job for five years. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. **Use additional sheets as necessary.**

Employer 1:	Dates of Employment	Work Performed
Address:	From:	
Telephone:	To:	
Job Title:		
Reason for leaving:		

Employer 2:	Dates of Employment	Work Performed
Address:	From:	
Telephone:	To:	
Job Title:		
Reason for leaving:		

Employer 3:	Dates of Employment	Work Performed
Address:	From:	
Telephone:	To:	
Job Title:		
Reason for leaving:		



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## APPLICANTS: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION:

I authorize the employer or his/her agents to investigate my background to ascertain any and all information of concern to my record, whether same is of record or not, and release employers and persons named herein from all liability for any damages on account of his furnishing such information. I understand that misrepresentation or omission of acts called for on this employment application will, if hired, result in discharge. Labor Code Section 2922 states that employment, having no specified term, may be terminated at the will of either party. The employer adheres to this section of the Labor Code and hereby puts the applicant on notice that all employment offered by the employer may be terminated at the will of either party without cause.

I certify that this application was completed by me and that all entries on it and information on it are true and complete. Furthermore, I have read and understand all of the conditions upon which this offer of employment is made.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# RELEASE FORM

**ONCE FORM IS COMPLETED, EMAIL TO [ap@aspenearthworks.com](mailto:ap@aspenearthworks.com)**

Notification / Release of Information: In connection with my application (including contract for services) with the below named prospecting employer, I understand that investigative background inquiries are to be made by Aspen Earthworks Inc. on myself including criminal, driving, workers' compensation records and other reports. These reports will include information as to my character, work habits, performance, and experience along with reasons for termination from previous employers, if any. I understand that you will be requesting information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences as well as claims involving me in workers' compensation and/or other insurance companies. Further, I authorize Aspen Earthworks Inc. to check my driving history and/or criminal record and other records, as needed, on a continuing basis as it relates to my employment.

I authorize without reservation any party or agency contacted by Aspen Earthworks Inc. to furnish the above-mentioned information, and further, that Aspen Earthworks Inc. may furnish information to the company below.

I have the right to make a written request, within a reasonable length of time, to receive information about the nature and scope of this investigation; I hereby consent to Aspen Earthworks Inc. obtaining the above information from any party or agency.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

List any other name used in the last 7 years: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Current Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

In conformity with section 49: C.F.R. Part 40 I hereby authorize all my employers to release all information concerning DOT, drug, and alcohol testing.

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Aspen Earthworks Inc., and since public records data on any one individual, group of individuals, or companies can be contained in more than one repository, Aspen Earthworks Inc., can only rely on its accuracy from the public records data sources available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Aspen Earthworks Inc., its sources, officers, agents, or employees. Furthermore, you agree to indemnify Aspen Earthworks Inc., its sources, agents and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws that may apply to the permission purpose of retrieving background information on an individual's criminal records history and/or workers' compensation claim history.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_