



2295 South Lipan St  
Denver, CO 80223

Date of Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ Per Hour Per Year

Willing to Relocate? Yes No Willing to Travel? Yes No

Referred By:

Advertisement/Newspaper: \_\_\_\_\_

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

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

Other (Specify): \_\_\_\_\_

## Employment Application

AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

(Please Print and Indicate "N/A" Where Applicable)

### PERSONAL

1. Name: \_\_\_\_\_ 2. Address: \_\_\_\_\_  
Last First Middle

3. Social Security Number: \_\_\_\_\_

4. Phone: \_\_\_\_\_

5. Are you legally eligible to work in the U.S.? Yes No

6. Are you 18 years of age or over? Yes No

7. Do you have any relatives employed by Colorado Barricade, LLC? Yes No

If yes, Name and Relationship: \_\_\_\_\_

8. Name used for previous education and/or employment, if other than current: \_\_\_\_\_

9. Have you ever previously applied for employment with Colorado Barricade, LLC. or its affiliates? Yes No

If yes, Date/Location: \_\_\_\_\_

10. Have you ever been employed with Colorado Barricade, LLC. or its affiliates? Yes No

If yes, Date/Location: \_\_\_\_\_

11. Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

12. Do you have Auto Insurance? Yes No If no, are you eligible? Yes No

14. Auto Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

15. Military: Please describe any military training received relevant to the position for which you are applying: \_\_\_\_\_

16. Have you ever been convicted of a crime? Yes No If yes, please give details including dates of convictions. A 'yes' answer does not necessarily disqualify you from consideration.

### EDUCATION

	NAME	ADDRESS	NO. OF YEARS COMPLETED	DEGREE EARNED?	YEAR	TYPE OF DEGREE	MAJOR COURSE OF STUDY
High School:				Yes No			
College/University:				Yes No			
Trade/Business:				Yes No			
Other:				Yes No			

\* 1. You need not disclose the existence of any arrest, criminal charge or conviction that has been erased:

2. Records subject to erasure for these purposes are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has not been dismissed or nolleed, a criminal charge for which there was a not guilty finding, and a conviction for which an absolute pardon was received; and

3. Any person whose criminal records have been so erased shall be deemed never to have been arrested with respect to the erased records and may so swear under oath.

PC 5006

NOTE: All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List the complete address and phone number for each employer. Your present and previous employers will be contacted for the purpose of investigating your safety performance history as required by 391.23 of the Federal Motor Carrier Safety Regulations. Applicants to drive a commercial motor vehicle which includes vehicles having a GVWR of 10,001 lbs. or more, and/or designated to transport 15 or more passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding, in intrastate or interstate commerce shall also provide an **additional seven years** information on those employers for whom the applicant operated such vehicle.

**EMPLOYMENT HISTORY**

Start Date	End Date	Final Position Title	Final Salary \$	May we contact this employer? Yes No
Employer		Last Supervisor's Name	Reason for Leaving	
Street Address, City , State, Zip Code				Phone ( )
Position Duties:				
Was your job designated a safety-sensitive function in any DOT Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Parts 382 and 40? Yes No Were you subject to the FMCSRs while employed? Yes No				
Start Date	End Date	Final Position Title	Final Salary \$	May we contact this employer? Yes No
Employer		Last Supervisor's Name	Reason for Leaving	
Street Address, City , State, Zip Code				Phone ( )
Position Duties:				
Was your job designated a safety-sensitive function in any DOT Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Parts 382 and 40? Yes No Were you subject to the FMCSRs while employed? Yes No				
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Position Duties:				
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**C.D.L. HOLDERS AND DRIVER APPLICANTS ONLY. Complete Sections I – VI.**

**Note:**

**DO NOT COMPLETE THIS PAGE UNLESS YOU ARE A  
C.D.L. HOLDER OR DRIVER APPLICANT!**

Date of Birth: \_\_\_\_\_ (Note: this question is required by the FMCSRs to be answered by applicants with a CDL Class A, B, C, or those applicants who are considered "regulated" but who do not have a CDL..)

**Section I: List Additional Addresses You Have Resided at During the Preceding Three (3) Years:**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Section II: Accident Record for the Past Three (3) Years:**

	Date	Nature of Accident (Head-on, Rear-end, etc.)	Fatalities	Injuries
Last Accident			Yes _____ No _____	Yes _____ No _____
Previous			Yes _____ No _____	Yes _____ No _____
Previous			Yes _____ No _____	

**Section III: Traffic Convictions and Forfeitures for the Past Three (3) Years (other than parking convictions):**

Location (City, State)	Date	Charge	Penalty

**Section IV: Driver's License Information. List each unexpired license or permit information currently held:**

State	License No.	Type/Class	Expiration Date

**Section V: Please Answer the Following Questions:**

Have you ever been denied a license, permit or privilege to operate a motor vehicle? No / Yes – if yes, please attach a statement providing details.

Have any of your licenses, permits or privileges ever been suspended or revoked? No / Yes – if yes, please attach a statement providing details.

**Section VI: Please Complete Your Applicable Work Experience:**

DRIVING EXPERIENCE				
Class of Equipment	Type of Equipment	Begin Date	End Date	Approx. Miles

**PLEASE READ CAREFULLY**

In exchange for consideration of my job application by Colorado Barricade, LLC (CB) I agree and certify that the answers given on the application and to HT management are true and complete to the best of my knowledge and were completed by me. I understand that misrepresentation or omission of facts on the application form or at anytime during the pre-employment process, may result in immediate dismissal, if employed, or termination of the pre-employment process.

In further exchange for the consideration of my job application by CB, I agree that any dispute that arises between CB and myself related to my candidacy for employment by CB, including, but not limited to, disputes or claims arising under federal, state, and local statutory or common law, such as the Age Discrimination and Employment Act, Title VII at the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, and the Americans with Disabilities Act, the law of contract and the law of tort, shall promptly be submitted to arbitration, conducted in accordance with the Employment Dispute Resolution Rules established by the American Arbitration Association (AAA). Any arbitration shall be conducted before a single arbitrator. The decision will be final and binding on both parties, and a judgment on the award rendered may be entered in any court having jurisdiction thereof.

I hereby understand and agree that if employed by CB, I will be an employee at will. As an employee at will: 1) CB or I may terminate the employment relationship at any time, with or without cause; and 2) there is no agreement express or implied, between CB and me for any specific period of employment or for continuing or long term employment. 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 HT PRACTICES, SHALL SERVE TO CREATE AN ACTUAL OR IMPLIED CONTRACT OF EMPLOYMENT, or to confer any right to remain a CB employee, or otherwise change, in any respect, the employment-at-will relationship between CB and the undersigned, and that relationship can not be altered except by a written Instrument signed by an officer of CB. If employed, I understand that HT may unilaterally change or alter their benefits, policies and procedures and such changes may include a reduction in benefits.

I understand that the Fair Credit Reporting Act (FCRA) requires written consent before an employer may procure a "Consumer Report" for employment purposes. Accordingly, I hereby authorize CB to procure a Consumer Report and/or Investigative Consumer Report from a consumer reporting agency, including information as to my credit record, character, general reputation, personal characteristics, and mode of living. I hereby give CB permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release CB from any liability as a result of such contact. I specifically request any present or former employer, school, police department, financial institution, or other person having personal knowledge about me, to furnish the bearer with any and all information in their possession regarding me in connection with an application for employment. I agree that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer or educational institution who may provide information based upon this authorized request. I understand this authorization is to be part of a written or online employment application, which I sign or submit and agree to. Furthermore, I authorize investigation of all statements contained in this application and, in accordance with Department of Transportation (DOT) Federal Motor Carrier Safety Regulations (FMCSRs), all records regarding alcohol and controlled substance testing results. I hereby authorize said sources to disclose such records and other information as may be requested by CB. A Consumer Report under the FCRA means, in part, any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing eligibility for employment purposes. An Investigative Consumer Report means a Consumer Report or portion of a Consumer Report in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through interviews with neighbors, friends, or associates of the consumer or with others with whom the consumer is acquainted or who may have knowledge concerning any such items of information.

I understand that if hired, I am required to abide by all rules and regulations of CB and that I will be responsible for the care and return of any equipment or other CB owned property issued to me during my employment. I also understand; 1) that CB has a drug and alcohol policy that provides for pre-employment testing as well as testing after employed; 2) consent to and compliance with such policy is a condition of my employment, and 3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations. I will be able, if hired, to certify that I am authorized to work in the United States of America and understand that in accordance with the Immigration Control and Reform Act, I will be required to provide timely documentation of identity and employment eligibility. I understand that CB is an Equal Employment Opportunity Employer, and that HT adheres to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, marital or veteran status, age or disability, or any other basis prohibited by law. I understand that my opportunity for employment with CB depends solely on my qualifications.

By my signature or electronic acknowledgement on this form or electronic submission, I acknowledge that I have read and understand this document or electronic form, and that I agree to all the conditions herein. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Do not write below this line**

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**Comments:**



**Authorization and Consent Form (to be completed by applicants)**

I have carefully read and understand this disclosure and authorization form and I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" provided with this form. I have had the opportunity to review my rights. By my signature below, I consent to the preparation of background reports by Intelius Screening Solutions LLC, and to the release of such reports to the Company and its designated representatives for the purpose of assisting the Company in making a determination as to my eligibility for employment, promotion, retention, contract assignment or for other lawful purposes.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Company.

**First Name:** \_\_\_\_\_

**Full Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**\*Date of Birth:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

*\*This information is being collected to conduct the background screen on you. It will not be used for any other purpose.*



## DISCLOSURE AND AUTHORIZATION FORM

Colorado Barricade, LLC (the "Company") will procure a consumer report and/or investigative consumer report on you in connection with your application for employment purposes (including employment, volunteer, or independent contractor assignments, as applicable) as defined under the Fair Credit Reporting Act. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or contract period.

Intelius Screening Solutions LLC, a consumer reporting agency, will obtain the report for the Company. Intelius Screening Solutions is located at 19800 North Creek Parkway, Suite 200, Bothell, WA 98011, and can be reached at (866) 338-6739.

The report may contain information bearing on your character, general reputation, personal characteristics, mode of living and/or credit standing. The information that will be included in your report include: *credit reports, social security number trace, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, and licensing and certification checks*. The Company will only request credit reports insofar as they relate to the position for which you are applying. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history.

Provided to you with this authorization is a Summary of Your Rights Under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission. Please do not sign this authorization until you have received this summary.

California, Minnesota, and Oklahoma applicants or residents: You have a right to request a free copy of your report if one is ordered on you. Please check this box to receive an emailed copy of your report.

### ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, New York, or Washington state applicant, employee, or contractor, please also note:

**CALIFORNIA:** Pursuant to section 1786.22 of the California Civil Code, you may contact Intelius Screening Solutions during normal business hours (9am to 5pm PST, Monday through Friday) to obtain and review all information in your file. You may obtain such information by appearing in person at Intelius Screening Solutions' offices, during normal business hours and upon reasonable notice, and upon submitting proper identification and paying the costs duplication services. You may be accompanied by one other person, provided that person furnishes proper identification. You may also obtain a copy of your file by certified mail, if you have previously provided identification in a written request that your file be sent to you or a third party identified by you. You may also obtain a summary of your file by telephone, upon providing proper identification. Intelius Screening Solutions has trained personnel available to explain your file to you, including any coded information.

CALIFORNIA (En Español): De acuerdo con el artículo 1786.22 del Código Civil, se puede llamar a Intelius Screening Solutions por los horarios normales de trabajo (9 de la mañana a 5 de la tarde, tiempo del pacífico, lunes a viernes) para sacar y examinar su archivo privado en detalle. Para conseguir una copia de su archivo privado, se puede hacer una visita en persona a la oficina de Intelius Screening Solutions por los horarios normales de trabajo, al darnos aviso razonable, al presentarnos de identificación apropiada, y al pagarnos las costas de duplicación. Otra persona puede acompañarle con tal que también se traiga identificación apropiada. Se puede pedirnos que le mandamos por correo certificado una copia de su archivo privado con tal que hayamos recibido una solicitud escrita que se lo mandemos una copia de su archivo privado a Usted o tal tercer partido que esté identificado por Usted. También se puede pedir por teléfono un resumen de su archivo privado, al presentarnos identificación apropiada. Empleamos trabajadores cualificados, a quienes están disponibles para explicárselo el contenido de su archivo privado con más detalles, incluso algunos datos cifrados.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address, and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

NEW YORK: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. At the time you consent to your employer obtaining a report you are entitled to receive a copy of Article 23-A of New York Correction Law. Do not sign your consent until you receive a copy of that law.

WASHINGTON: If the Company requests and investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.



**APPLICANT DATA RECORD**

Applicants and employees are considered for all positions and will not be subjected to adverse treatment with regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or disability.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with governmental record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

***Please Print:***

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

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

**Referral Source (Check one)**

- Advertisement – If checked, which one? \_\_\_\_\_
- Friend
- Relative – If checked, name of relative? \_\_\_\_\_
- Employment Agency – If checked, which one? \_\_\_\_\_
- Other – please specify. \_\_\_\_\_

**CONFIDENTIAL INFORMATION**

**Affirmative Action Survey**

Government agencies require periodic reports specifying the gender, ethnicity, identity of individuals with disabilities, and the Veterans status of applicants. This data is for analysis and Affirmative Action only.

**Submission of Information is Voluntary**

Check one:  Male  Female

Check one the following Race/Ethnic Groups:

White  Black  Hispanic  Two or more races

American Indian/ Alaskan Native  Asian/ Pacific Islander  Decline to Respond





### ***INVITATION TO SELF-IDENTIFY***

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended and section 503 of the Rehabilitation Act of 1973, as amended, which requires Government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities, disabled veterans, veterans of the Vietnam era and other veterans covered by the Act. If you have a disability, is a disabled veteran or veteran of the Vietnam era covered by the act and would like to be considered under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future. This information will assist us in placing you in an appropriate position and in making accommodations for your disability.

COLORADO BARRICADE needs and welcomes individuals with a disability as part of its workforce. For this reason, COLORADO BARRICADE is committed to providing equal employment opportunity to persons with a disability. No individual will be discriminated against because of physical or mental disability. COLORADO BARRICADE pledges to take positive actions to ensure that qualified disabled persons will have the opportunity to enter the workforce and that these employees will be encouraged to aspire promotions and be considered, as advancement opportunities arise.

Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. Information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by OFCCP or the Americans with Disabilities Act, may be informed. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

If you are an individual with a disability, disabled veteran, veteran of the Vietnam era or other veteran covered by the Act, we would like to include you under the affirmative action program. If you are disabled, it would assist us if you tell us about (i) any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and (ii) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other accommodations.

Name \_\_\_\_\_

Date \_\_\_\_\_

Please place an "X" in the appropriate box:

- \_\_\_ Individual with a Disability: any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.
- \_\_\_ Disabled Veteran: A veteran entitled to disability compensation under laws administered by the Department of Veterans Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- \_\_\_ Qualified Disabled Veteran: A disabled veteran as defined above who is capable of performing a particular job, with or without reasonable accommodation to his or her disability.
- \_\_\_ Veteran of the Vietnam Era: is a person who (1) served on active duty for a period of at least 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from active duty with a service-connected disability, if any part of such active duty was performed between August 5, 1964, and May 7, 1975.
- \_\_\_ Recently Separated Veteran: any veteran during the three year period beginning on the date of such veteran's discharge or release from active duty.
- \_\_\_ Other Protected Veterans: Veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- \_\_\_ Armed Forces Service Medal Veteran: a person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (62 FR 1209).
- \_\_\_ I am not a Veteran
- \_\_\_ **I respectfully decline to respond to the Affirmative Action Survey.**