



2196 Mall Road / P.O. Box 568  
 Estes Park, CO 80517

### Employment Application

UTSD is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Applicant Name: (Last, First, MI) \_\_\_\_\_ Date: \_\_\_\_\_

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

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No (If offered employment, you will be required to provide documentation to verify eligibility.)

Have you ever applied or were employed by UTSD before?  Yes  No If yes, when/where? \_\_\_\_\_

\_\_\_\_\_

Do you have any relatives working for UTSD? If yes, list names and positions: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? (A conviction will not necessarily result in the denial of employment.)

Yes  No If yes, please explain: \_\_\_\_\_

**Position Applying for:** \_\_\_\_\_ Referred by: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Are you seeking fulltime  part time  temporary  When are you available to start: \_\_\_\_\_

#### Education & Training

High School	Diploma/Degree/ Course of Study	City, State	Did you graduate?
College, University, Business or Vocational School			

List other qualifications and skills (e.g. languages, software programs, etc.) \_\_\_\_\_

\_\_\_\_\_

List job-related organizations, professional associations or other groups to which you belong. \_\_\_\_\_

\_\_\_\_\_

# FOR DRIVER POSITION ONLY

(Please skip this page if you are not applying for a driver position.)

**DRIVER LICENSES HISTORY** Since you are applying for a position which requires a CDL license, we will require a DMV investigation. Do you authorize investigation of your DMV record? \_\_\_ Yes \_\_\_ No

Please list below all unexpired licenses you have.

State	License No.	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_ Yes \_\_\_ No

B. Has any license, permit or privilege ever been suspended or revoked? \_\_\_ Yes \_\_\_ No

IF THE ANSWER TO A or B IS YES, ATTACH STATEMENT GIVING DETAILS.

## DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin-Trailers – LCV's				
Other				
List states operated in for last five years:				

Special courses or training that have helped you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**ACCIDENTS** List all accidents in the last 3 years. (Attach sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear end, Upset, etc.)	Injuries	Fatalities
Last Accident:			
Next Previous:			
Next Previous:			

**CITATIONS** List all violations for the past 3 years. If none, write NONE below.

Date	Citation	Violation Location	Type of Vehicle

## PHYSICAL HISTORY

Date of last DOT physical examination: \_\_\_\_\_

Please list any additional information necessary to describe your full qualifications: \_\_\_\_\_

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

## Employment History

<b>Employer Name:</b>	Address:
Dates of Employment: From:                      To:	Position:                      Salary:
Supervisor:	Reason for Leaving:
Brief Job Description:	
<b>Employer Name:</b>	Address:
Dates of Employment: From:                      To:	Position:                      Salary:
Supervisor:	Reason for Leaving:
Brief Job Description:	
<b>Employer Name:</b>	Address:
Dates of Employment: From:                      To:	Position:                      Salary:
Supervisor:	Reason for Leaving:
Brief Job Description:	
<b>Employer Name:</b>	Address:
Dates of Employment: From:                      To:	Position:                      Salary:
Supervisor:	Reason for Leaving:
Brief Job Description:	

**References** List below the names of references we may contact who can comment on your work qualifications. Do not include relatives.

Name	Business/Position	Relationship/Yrs Acquainted	Contact Number

**Acknowledgement** Please read each statement carefully before signing.

I CERTIFY 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. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I UNDERSTAND that the employer may request an investigative consumer report from a consumer reporting agency, as well as a check of my criminal record. I understand that should this application or a criminal record check reveal a conviction of a crime, further processing of this application or my employment, if hired, may be terminated.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements.

I UNDERSTAND that I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT THE OPTION OF THE COMPANY OR MYSELF.

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