

APPLICANT CHECKLIST

Interviewers'

Checkmark

- 1. Application Completed Thoroughly, Signed by Applicant and Turned in – (Applicant's signature must be included in first box for drug testing and background check consents to be valid)
- 2. Voluntary Self Identification Form Completed and Turned in.
- 3. Voluntary Self Identification of Disability Form Completed and Turned in.
- 4. Applicant Check List Filled out by Supervisor, attached to above documents and turned in.

JOB CLASS: CIRCLE APPROPRIATE JOB CLASS FOR APPLICANT

(See Job Class by Job Description in Applicant File)

- | | |
|--|---------------------------|
| 1. Executive/Senior Level Officials and Managers | 6. Administrative Support |
| 2. First/Mid-Level Officials and Managers | 7. Craft Workers |
| 3. Professionals | 8. Operators |
| 4. Technicians | 9. Laborers and Helpers |
| 5. Sales Workers | 10. Service Workers |

ETHNIC ORIGIN & GENDER GROUP: CIRCLE APPROPRIATE CODE	MALE CODE	FEMALE CODE
Hispanic or Latino	A	B
White	CA	IB
Black or African American	DA	JB
Native Hawaiian or Other Pacific Islander	EA	KB
Asian	FA	LB
American Indian or Alaska Native	GA	MB
Two or More Races	HA	NB

If Applicant Is NOT HIRED, please indicate reason and if Applicant is candidate for future consideration:

Superintendent's Signature

Date

FORWARD TO HR



APPLICATION FOR EMPLOYMENT

Full time

Part time

Date: _____

Position Desired: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed I will be on a 60-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Company responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed, my employment will be for no definite period and "at-will."

By signing below, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, department of motor vehicle reports, and investigative consumer reports. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Signature of Applicant

Date

A: PERSONAL DATA

Name _____ Social Security No. _____
(Print) Last First Middle

Present Address _____ How long have you lived there?
Street and Number City State Zip _____ Years _____ Months

Previous Address _____ How long did you live there?
Street and Number City State Zip _____ Years _____ Months

Phone #(s) _____ Are you 18 years of age or older? Yes No

Have you ever worked for this Company before? Yes No Salary Required _____

If yes, please give dates and position:

Do you have any friends or relatives working here? Yes No How did you hear about us? _____
If yes, Name: _____ Relationship: _____

Do you have reliable transportation to and from work? Yes No Will you travel if the job requires it? Yes No

Are you willing to relocate? Yes No Will you work overtime if asked? Yes No



Are there any hours, shifts or days you will not work? Yes No If yes, explain _____

Are you currently employed? Yes No

Are you laid off and subject to recall? Yes No

What foreign languages do you speak, read or write? _____

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or do you have any criminal charges pending within the past 7 years? Yes No

If yes, please give date and details of each:

(NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.)

Only citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the U.S.? Yes No
(RTD participates in E-Verify)

B: RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first for the last 10 years. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Present or Past Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	Employed From (mo/yr) _____ To (mo/yr) _____	Pay Start \$ _____ Final \$ _____	Your Title or Position _____ Name and Title of Last Supervisor _____	Reason for Leaving _____ Work Performed _____
Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	Employed From (mo/yr) _____ To (mo/yr) _____	Pay Start \$ _____ Final \$ _____	Your Title or Position _____ Name and Title of Last Supervisor _____	Reason for Leaving _____ Work Performed _____
Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	Employed From (mo/yr) _____ To (mo/yr) _____	Pay Start \$ _____ Final \$ _____	Your Title or Position _____ Name and Title of Last Supervisor _____	Reason for Leaving _____ Work Performed _____



Previous Employer <hr/> Address <hr/> City, State, Zip Code <hr/> Telephone	Employed From (mo/yr) <hr/> To (mo/yr)	Pay Start \$ <hr/> Final \$	Your Title or Position <hr/> Name and Title of Last Supervisor	Reason for Leaving <hr/> Work Performed
Previous Employer <hr/> Address <hr/> City, State, Zip Code <hr/> Telephone	Employed From (mo/yr) <hr/> To (mo/yr)	Pay Start \$ <hr/> Final \$	Your Title or Position <hr/> Name and Title of Last Supervisor	Reason for Leaving <hr/> Work Performed

Have you ever been terminated or asked to resign from any job? [] Yes [] No If yes, please explain circumstances:

Please explain fully any gaps in your employment history:

C: PREVIOUS EXPERIENCE

Please check any of the following in which you are competent and indicate years of experience.

Operator: Bulldozer ___ Motor Grader ___ Scraper ___ Loader ___ Crane
 Backhoe ___ Excavator ___ Other ___

Craft Worker: Carpenter ___ Form Builder ___ Gang Forms ___ Trench Box Layer ___
 Concrete Finisher ___ (Circle all that apply: Foundations or Walls or Slabs) Pipe Layer
 Pipe: Ductile Iron Pipe: Yard Pipe: Flanged

Laborer: Heavy ___ Light ___

Truck Driver: Trucks ___ Truck Tractors ___ Semi Trailers ___ Full Trailers ___ pole Trailers ___

Shop Worker: Welder ___ Mechanic ___ Heavy Equipment ___

Please describe any experience you have which you feel would assist you in performing the job for which you are applying. Craft positions can elaborate on experience with pumps & piping installations:



D: EDUCATION

School Name	Years Completed: (Circle)	Diploma or Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities
High School	9 10 11 12			
College / University	1 2 3 4			
Graduate / Professional	1 2 3 4			
Trade / Correspondence				
Other				

E: PERSONAL REFERENCES

Please list persons who know you well – not previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

F: DRIVING INFORMATION

Do you have a current driver's license? Yes No

State: _____ License No.: _____ Expiration Date: _____
 Class: _____

Has your driver's license ever been suspended or revoked? Yes No

If yes, please explain circumstances:

Do you have personal automobile insurance? Yes No Name of Insurance Company:

Has your personal automobile insurance ever been cancelled? Yes No

If yes, please explain circumstances:

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? Yes No



If yes, please explain circumstances and outcome:

Please list all moving traffic violations in the last five (5) years:

Offense Date Location

Offense Date Location

Offense Date Location

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF ONE HUNDRED EIGHTY (180) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, CITIZENSHIP, MARTIAL STATUS, DISABILITY, NATIONAL ORIGIN OR VETERAN STATUS.



VOLUNTARY SELF IDENTIFICATION

We are an employer subject to certain government recordkeeping and reporting requirements in accordance with civil rights law and regulations. We are also subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, which requires government contractors to take affirmative action to employ and advance in employment protected veterans. To comply with these laws, we invite applicants to voluntarily self-identify their gender, race/ethnicity, and veteran status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used in ways that are not inconsistent with the above mentioned laws and regulations. The information you submit will be kept confidential and may only be used in accordance with applicable federal, state, and local laws and regulations. When reported, the data will not identify any specific individual.

Application Date: _____ Sex Male Female

Your Name _____
First Middle Last

Voluntary Self-Identification

Race or National Origin (Check One or More)

I am:

- White (Not Hispanic or Latino)
- Hispanic or Latino
- Black or African American
- Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or more Races (Not Hispanic or Latino)

Protected Veteran Definitions

Disabled Veteran: (1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service connected disability.

Recently Separated Veteran: Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Armed Forces Service Medal Veteran: Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Active Duty Wartime or Campaign Badge Veteran: Any veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

Voluntary Self-Identification of Veteran Status

Refer to *Veteran Status Definitions* above.

I am a:

- Disabled Veteran
- Recently Separated Veteran (Date of Separation: _____)
- Armed Forces Service Medal Veteran
- Active Duty Wartime or Campaign Badge Veteran



EQUAL OPPORTUNITY EMPLOYMENT
VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

FORM CC-305
OMB Control Number 1250-0005

Why are you being asked to complete this form?

Because we periodically do business with the government, we must reach out to hire and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give us will be kept confidential and will not be used against you in any way.

If you already work for RTD, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such impairment or medical condition.

Disabilities include, but are not limited to:

- | | | |
|-----------|--------------------|--|
| Blindness | Cerebral palsy | Multiple Sclerosis (MS) |
| Deafness | HIV/AIDS | Missing limbs or partially missing limbs |
| Cancer | Schizophrenia | Post-traumatic stress disorder (PTSD) |
| Diabetes | Muscular dystrophy | Obsessive compulsive disorder |
| Epilepsy | Bipolar disorder | Impairments requiring the use of a wheelchair |
| Autism | Major Depression | Intellectual disability (previously called mental retardation) |

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name: _____ Date: _____

For Current Employees Only:

Current Position: _____ Office: _____ Jobsite: _____

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFFCP) website at www.dol.gov/offccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.