



PO Box 4141
Frisco, CO 80443-4141
(719) 641-9277

www.coloradoframingllc.com

Employment Application

General Information

Last Name	First Name	Middle Initial	Cell Phone #
Social Security #	Driver's License #	State	Date of Birth
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Emergency Contact	Cell Phone Number	Home Phone Number	

If you are not a citizen of the United States, are you eligible to work in the U.S. and would you be able to provide the necessary documents of proof of the legal right to work upon hire?

Yes No

Have you ever been convicted of a felony?

Yes No

If yes, please explain			

Have you ever been employed by Colorado Framing & Construction?

Yes No

If so, when?	Position	Supervisor

Employment Interest

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Position applying for Hourly Wage Desired Date you are available

Are there any reasons why you might not be able to perform the duties of the job you are applying for? Yes No

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If yes, please explain

Education and Training

Last level completed: High School College Trade School

OSHA training: 10 Hour 30 Hour 500 Hour

Forklift: Forklift Cert All-Terrain Forklift Cert

AWP: Scissor Boom

List any additional training or education

Employment History - Most Recent First

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Company Name City/State Position

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Supervisor's Name Phone # Reason for Leaving

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Dates Employed (mm/yyyy - mm/yyyy) Starting Pay Final Pay

May we contact this employer: Yes No

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Company Name City/State Position

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Supervisor's Name Phone # Reason for Leaving

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Dates Employed (mm/yyyy - mm/yyyy) Starting Pay Final Pay

May we contact this employer: Yes No

Employment Terms and Conditions

I understand and agree to the following, that to the fullest extent allowed by law:

- (1) My employment is subject to a ninety (90) day probationary period during which time the employer reserves the right to terminate my employment for reasons of convenience. Thereafter the relationship between the employer and myself shall constitute an Employment-At-Will relationship. The length and term of my employment shall be at the employer's discretion.
- (2) I hereby declare that the information I have provided is complete and accurate to the best of my knowledge. My employment is based on the facts that I have given and any intentional misrepresentation or omission on my part will constitute a release to the employer for any and all liability that he may encounter having acted upon such facts and shall also constitute grounds for my dismissal.
- (3) I will abide by the safety rules of this company. In the event that I am injured I will immediately report such injury to my supervisor. I will submit to testing in order to determine if I was under the influence of drugs or alcohol at the time of the accident. In the event that it is determined that I was under the influence of drugs or alcohol at the time of the accident, I will indemnify and hold harmless the employer and I will release the employer and his insurance carrier(s) from any liability that they may encounter as a result of such accident, including but not limited to medical expenses and disability. I agree that should I refuse to submit to such a test I will indemnify and hold harmless the employer to the fullest extent of the law, and I will release and hold harmless the employer and his insurance carrier(s) from any liability that they may encounter as a result of such accident, including but not limited to medical expenses, disability and legal expenses.
- (4) That I accept this "Notice of Medical Provider" and that if I am injured I will use the medical provider and/or facilities recommended by the employer.
- (5) That excessive or blatant damage to or loss of employer supplied tools, equipment or materials shall be grounds for dismissal, monetary recompense or both.
- (6) If I should request that the employer purchase tools, lodging or other services on my behalf (a) I agree to reimburse the employer for all costs associated with said purchase/payment plus a ten (10) percent handling fee, (b) I acknowledge that the employer makes no warranty as to the quality or utility of any product, and that all purchases made on my behalf are final and that I may not return any product for refund, and (c) I hereby grant permission to the employer to deduct payment for said product, lodging or services from wages or any other moneys I may be owed by the employer.
- (7) If I should request that the employer advance money on my behalf, (a) I agree to reimburse the employer for funds received, (b) I hereby grant permission to the employer to deduct funds from wages or any other moneys I may be owed to the employer.
- (8) I acknowledge the severability of the provisions of this agreement and that should any term or condition of this prove to be in conflict with local, state or federal law that said term or condition shall be omitted from the agreement and shall not serve to void the entire agreement.
- (9) I have reviewed and acknowledge the terms and conditions within the Team Member Manual v1.1 (dated 7/3/2020) and acknowledge I have received a copy of the Team Member Manual. I promise to abide by the terms and conditions of the Team Member Manual.

I have read and understand the entire agreement. If employment is granted, I shall honor and abide by the terms and conditions herein.

To be completed by employer:

Starting Wage:

Start Date:

Job Title:

Signature of applicant

Date



>> New-Hire Designated Provider Notification Letter

TO: All Employees

FROM: Colorado Framing & Construction LLC

DATE: 1/18/2018

SUBJECT: Designated Medical Providers for Work-Related Injuries and Illnesses

All employees must obtain treatment of work-related injuries and illnesses from one of the following medical providers or contact employer for approval:

**EMERGICARE MEDICAL CLINIC--AUSTIN BLUFFS
PKWY - 108631
4083 AUSTIN BLUFFS PKWY
COLORADO SPRINGS, CO 80918**

**CONCENTRA MEDICAL CENTERS--CO-SOUTH
BROADWAY - 109614
1212 S BROADWAY STE 150
DENVER, CO 80210**

**CCOM SOUTH DENVER - 1052022
LINCOLN MEDICAL CENTER SUITE 150
11960 LIONESSE WAY
PARKER, CO 80134**

**CONCENTRA MEDICAL CENTERS--CO-BOULDER -
115395
3300 28TH STREET
BOULDER, CO 80301**

**CONCENTRA MEDICAL CENTERS--CO-TECH
CENTER - 105622
11877 E ARAPAHOE ROAD STE 100
CENTENNIAL, CO 80112**

**CHPG HIGH COUNTRY
HEALTHCARE--BRECKENRIDGE - 1059874
400 N PARK AVE STE 1A
BRECKENRIDGE, CO 80424-8709**

**CONCENTRA MEDICAL
CENTERS--CO-AURORA-CHAMBERS - 1060303
3449 CHAMBERS RD STE B
AURORA, CO 80011**

**CCOM FRISCO - 1052016
18 SCHOOL ROAD STE 125
FRISCO, CO 80443**

In the event of a life-or- limb-threatening emergency, the injured employee will be sent to the nearest emergency medical facility. One of the medical providers designated above must provide all follow-up care.

If an unauthorized medical provider treats an employee, the employee will be responsible for payment for said treatment. You must contact company administrator to approve a new provider.

I have read and am fully aware of the organization's policy regarding medical treatment for work-related injuries and illnesses. I further understand that I must immediately report any work-related injury to my supervisor.

All employees must sign below, acknowledging this policy.

Employee Name: _____

Employee Signature: _____

Date: _____