



1310 WEST JEWELL AVENUE
 DENVER, COLORADO 80223
 PH: 303.779.2556
 FAX: 303.779.1774
 WWW.SUPERIORDEMO.COM



CITY & COUNTY OF DENVER M/WBE/SBE/DBE CERTIFIED

APPLICATION INSTRUCTIONS

Read and complete both pages of this form. If more space is needed, use comments section on the second page. Print clearly. Incomplete or illegible applications will not be processed. Failure to provide information may delay consideration of your application.

DATE: _____ FULL NAME: _____

Soc. Sec. #: _____ Ph: _____ Email: _____

Current Address: _____

APPLICATION NOTE: This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating the employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. Additional testing of job related skills and for the presence of drugs in your body will be required prior to employment.

For which position are you applying? _____

What date can you start? _____ Interested in: Full Time Part Time Temporary

Select all available shifts: Weekdays Evenings Overtime Nights Out of town

Education / Training

| | Name: | Location | Dates | Certificate/Degree |
|-------------|-------|----------|-------|--------------------|
| High School | _____ | _____ | _____ | _____ |
| College | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ |

Security / Background

List all states of residence for the past 7 years: _____

- Yes No Have you used any names of Social Security Numbers other than those on this page? If so, please list on back.
- Yes No Have you been convicted of a felony and/or served time in the past seven years? If so, please describe below. (In accordance with company policy, this information does NOT disqualify applicants, but will be reviewed for job relatedness.)



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JOB RELATED SKILLS: Do not fill out any part of this section you believe to be non-job related.

Languages in which you are fluent: _____

Yes No Do you have a valid driver's license? DL #: _____ State: _____
 Yes No Have you had any moving violations? Describe: _____

Please list any other skills, licenses or certificates that may be job-related or of value to this job or company:

Employment References

Most recent employer: Are you currently working for this employer? Yes / No
 If yes, may we contact? Yes/No
 Company name _____ City/State _____ Ph: _____
 Dates employed: _____ Job Title: _____ Supervisor: _____
 Duties: _____
 Wage: _____ Reason for leaving: _____

Second most recent employer: Are you currently working for this employer? Yes / No
 Company name _____ City/State _____ Ph: _____
 Dates employed: _____ Job Title: _____ Supervisor: _____
 Duties: _____
 Wage: _____ Reason for leaving: _____

Third most recent employer: Are you currently working for this employer? Yes / No
 Company name _____ City/State _____ Ph: _____
 Dates employed: _____ Job Title: _____ Supervisor: _____
 Duties: _____
 Wage: _____ Reason for leaving: _____

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one of this form and that the answers given are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company or its agent to verify any of this information, including but not limited to, criminal history, motor vehicle records. I authorize all persons with said companies and law enforcement agencies to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement agencies from any liability for any damage whatsoever for issuing this information.

Signature _____ Date _____

COMMENTS: