



**A-1 BARRICADE & SIGN, INC.**  
**>>>ONE WAY TO SAFE TRAFFIC SOLUTIONS<<<**

201 COLORADO AVE. > PUEBLO, CO 81004 > 719-543-1353 > FAX-543-6244

3560 DRENNAN RD> COLORADO SPRINGS, CO 80909 > 719-597-4847

TOLL FREE 800-650-RENT(7368)

WWW.A1BARRICADEANDSIGN.COM

**Application for Employment**

**Please Print**

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

**REQUIRED:**

**Colorado driver's license number #**

**ATTACH COPY**

**Upon hiring you may be asked to complete a drug test that day.**

First Middle Last Name

Address Street City State/zip

Telephone Number's) Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Contact in case of emergency. All phones #s. \_\_\_\_\_

Referral Source \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now? \_\_\_\_\_ Date can start \_\_\_\_\_

May we contact you at work? Yes No

Are you on lay-off and subject to recall? Yes No

Are you able to drive 1 ton trucks? Yes No

Are you able to lift heavy objects? Yes No

Are you available travel out of town? Yes No

Are you available to spend multiple days & nights out? Yes No

Are you legally eligible for employment in this country? Yes No

Are you able to be on call 24 hours a day? Yes No

Have you been convicted of a felony in the last seven-(7) years? Yes No

If yes, please explain: \_\_\_\_\_

Have you ever had a DUI or DWI? Yes No

If yes, please explain: \_\_\_\_\_

(Such convictions may be relevant if job related, but does not bar you from employment)

(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Federal law requires all employers to verify eligibility of employees upon hiring.

**Educational Background**

C. Indicate degree or diploma earned, if any D. Grade Average E. Major or minor of study

A. School B. No of years C. Degree D. GPA E. Major/Minor

Former Employers (list below last four employers, assignments etc. starting with most recent)

**PLEASE FILL OUT COMPLETELY**

Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From:				
To:				
City/ST/Zip				
Phone #				
From:				
To:				
City/ST/Zip				
Phone #				
From:				
To:				
City/ST/Zip				
Phone #				
From:				
To:				
City/ST/Zip				
Phone #				

REFERENCES-List name and telephone number of three business/work references who are not related to you.

Name	Telephone	Years Known

List any additional information you would like us to consider.


I authorize investigation of all statements contained in this application. I understand that this application will not be considered if there are misrepresentations or omissions of facts. All potential employees are evaluated without regard to race, color, religion, sex, national origin, age, disability, veteran status or anyother legally protected status.

Signature\_\_\_\_\_

Please Print\_\_\_\_\_

**We hope that when you picked up this application or brought it back that you looked like you could start the job immediately---first impressions make lasting ones.**

"AN EQUAL OPPORTUNITY EMPLOYER"

5/29/2008



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## Equal Employment Opportunity Information

We request that you fill in the following information in order to assist our equal employment opportunity efforts. This information is voluntary and will in no way affect the processing of your application or your being considered for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, or disability. **Do not include your name on this page.**

<p>Date of Birth</p> <p>_____/_____/_____ (Month) (Day) (Year)</p>	<p>Gender</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>How did you learn about this position?</p> <p><input type="checkbox"/> Electronic/Computer Posting  <input type="checkbox"/> Paper Posting  <input type="checkbox"/> Newspaper  <input type="checkbox"/> Other:_____.</p>
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### ETHNIC GROUP

- ☐ White (non-Hispanic; includes Arabians)
- ☐ Black (non-Hispanic; includes Jamaicans, Bahamians and other Caribbean peoples of African but not Hispanic or Arabian descent)
- ☐ Hispanic(includes persons of Mexican, Puerto Rican, Cuban, Central, South American or other Spanish origin/culture)
- ☐ Asian (includes Pacific Islanders, Pakistanis and Indians)
- ☐ American Indian (includes Alaskan natives)
- ☐ Other (if you feel you do not fit into one of the above categories please elaborate) \_\_\_\_\_.

**DISABILITY-** Information reported on this form will be kept confidential as required by law.

As defined by the Americans with Disabilities Act (1990), "Disability means, with respect to an individual, (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such impairment: or (3) being regarded as having such an impairment."

Are you an individual with a disability, as defined above? If YES, check all that apply.

- |  |   |
|--|---|
| A <input type="checkbox"/> None/Prefer not to report   | G <input type="checkbox"/> Respiratory impairment               |
| B <input type="checkbox"/> Blind or severely visually impaired   | H <input type="checkbox"/> Nervous system/Neurological disorder |
| C <input type="checkbox"/> Deaf or severely hearing impaired   | I <input type="checkbox"/> Mentally restored                    |
| D <input type="checkbox"/> Loss or limited use of arms and/or hands  | J <input type="checkbox"/> Mental retardation                   |
| E <input type="checkbox"/> Non-ambulatory (must use a wheelchair)  | K <input type="checkbox"/> Learning disability                  |
| F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spinal bifida, etc.)_____. | L <input type="checkbox"/> Other (please specify)_____.         |

### MILITARY SERVICE

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?

☐ YES ☐ NO

If YES, do you wish to declare a service-connected disability? ☐ YES ☐ NO

If Yes, are you a Vietnam ☐ , a Desert Storm/Shield ☐ , or other ☐ veteran ( please specify)\_\_\_\_\_?

Are you a member of the Military Reserves? ☐ YES ☐ NO

If YES, please provide your Branch: \_\_\_\_\_ and Rank:\_\_\_\_\_.