

# ASHTON

## Contractors & Engineers

### EMPLOYMENT APPLICATION

**Directions:** Fill out all questions completely and accurately. Incomplete applications will not be processed.

**Note:** Applications will be kept active for 90 days.

This application form is intended for use in evaluating your qualifications for employment only. It is not an employment contract. All qualified applicants will receive consideration without regard to race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

**PERSONAL INFORMATION:**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
 SSN# (Last four Digits) \_\_\_\_\_ Referral Source \_\_\_\_\_ Age 18 or over?  Yes  No  
 Job Applied For: \_\_\_\_\_

**AVAILABILITY:**

Are you legally eligible for employment in this country?  Yes  No  
 Have you ever worked for Ashton before?  Yes  No  
 If yes, when? \_\_\_\_\_  
 Do you have friends or relatives working for Ashton?  Yes  No  
 If yes, who? \_\_\_\_\_  
 Are you able to perform the essential functions of this job with or without accommodation?  Yes  No  
 Have you been convicted of a felony or served time in the past seven years?  Yes  No  
 If yes, please provide the date, city/state, and the charge: \_\_\_\_\_  
 Will you work out of town in Arizona?  Yes  No

*Please note a conviction will not necessarily disqualify you from employment.*

**EDUCATION**

|                         | Name/Location of School | Last Year Completed | Did you Graduate? | Subjects Studied & Degree(s) Received |
|-------------------------|-------------------------|---------------------|-------------------|---------------------------------------|
| High School             |                         |                     |                   |                                       |
| College                 |                         |                     |                   |                                       |
| Trade/Tech. ADV. Degree |                         |                     |                   |                                       |

**EMPLOYMENT HISTORY:**

*List below your last four employers, beginning with the most recent.*

| Date (mm/yy) | Employer Name, Address, Telephone | Wage Rate (upon leaving) | Job Title/Duties | Reason for Leaving |
|--------------|-----------------------------------|--------------------------|------------------|--------------------|
| From:<br>To: |                                   |                          |                  |                    |
| From:<br>To: |                                   |                          |                  |                    |
| From:<br>To: |                                   |                          |                  |                    |
| From:<br>To: |                                   |                          |                  |                    |

**EXPERIENCE & OTHER QUALIFICATIONS:**

Are you fluent in a language other than English?  Yes  No  
 If yes, please list: \_\_\_\_\_  
 Do you have a reliable means of transportation to and from the worksite  Yes  No  
 Do you have a commercial driver's license, (CDL)?  Yes  No  
 Driver's License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_  
 Endorsements: \_\_\_\_\_  
 Have you had any moving violations in the past 39 months?  Yes  No  
 If yes, please list: \_\_\_\_\_

**CRAFT COMPETENCY EXPERIENCE:** *Instructions: Please check one box only in each competency area to indicate experience.*

|                                  | Skilled                  | Semi-Skilled             | No Experience            |                                 | Skilled                  | Semi-Skilled             | No Experience            |
|----------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|
| <b><u>Carpenter</u></b>          |                          |                          |                          | <b><u>Laborer (cont'd.)</u></b> |                          |                          |                          |
| Form Setting                     |                          |                          |                          | Pipe                            |                          |                          |                          |
| Retaining Walls                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dry Utilities                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gang (panelized)                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gas                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Loose                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Manholes                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Headwalls                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sewer                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Box Culverts                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storm Drain                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Column Forms                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bridge Forms                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b><u>Mechanical</u></b>        |                          |                          |                          |
| Catch Basins                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Auto/Truck (diesel)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>Concrete Finisher</u></b>  |                          |                          |                          | Conveyors                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Curb & Gutter                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Crushers                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Curb & Gutter Machine            |                          |                          |                          | Heavy Equipment                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Set-up                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CAT                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Operate                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | John Deere                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Finishes                 |                          |                          |                          | Komatsu                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exposed Aggregate                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot Plant                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flatwork                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lube/Oiler                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>Equipment Operator</u></b> |                          |                          |                          | Soil Cement Plant               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Back Hoe                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wash Plant                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crane                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b><u>Metal Trades</u></b>      |                          |                          |                          |
| Dozer                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Air Arc Welding                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excavator                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bolt-Up                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Laydown (Paving)                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Carbon Stick Welding            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Loader                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Connecting / Rigging            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motor Grader (Blade)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HDPE                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roller                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Layout / Fabrication            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Scraper                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MIG Welding                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skid Steer                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Millwright                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water Pull                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipefitting                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>Laborer</u></b>            |                          |                          |                          | Rebar                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concrete                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TIG Welding                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flagger                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b><u>Truck Driver</u></b>      |                          |                          |                          |
| General                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Belly Dump                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grade Checker                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | End Dump                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Paving                           |                          |                          |                          | Fuel Truck                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dump-man                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Transport                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Raker                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Truck                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**TRAINING:** *Instructions: Please indicate whether or not you have received the training and provide the most recent training date.*

|                            |                              |                             |             |                 |                              |                             |             |
|----------------------------|------------------------------|-----------------------------|-------------|-----------------|------------------------------|-----------------------------|-------------|
| Competent Person           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: _____ | MSHA Part 48    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: _____ |
| Confined Space             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: _____ | OSHA 10-HR      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: _____ |
| First Aid/CPR              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: _____ | OSHA 30-HR      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: _____ |
| Hazard Communication       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: _____ | Traffic Control | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: _____ |
| Other (Please List): _____ |                              |                             |             |                 |                              |                             |             |

**REFERENCES:** List below 2-4 persons from former companies listed on this application who have supervised, and are familiar with, your work.

| Name | Company & Position or Title | Telephone Number | Years Known |
|------|-----------------------------|------------------|-------------|
|      |                             |                  |             |
|      |                             |                  |             |
|      |                             |                  |             |
|      |                             |                  |             |
|      |                             |                  |             |

**\*PLEASE READ CAREFULLY BEFORE SIGNING** – You are authorizing investigation of all statements contained on this form and other application materials such as attached resumes.

I hereby authorize investigation of all statements contained in this application or accompanying documents and understand that any misrepresentation or omission of facts is cause for denial of employment or immediate dismissal regardless of the timing or circumstances of discovery. I also release the Ashton Company and its representatives from liability for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I further understand and agree that my employment is for no definite period and may, regardless of any comment or writing alleged to the contrary, be terminated at any time without previous notice.

I also understand that if I am offered a position I must pass a pre-employ drug screening.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND WILL ABIDE BY THE ABOVE STATEMENTS.**

**Name (Print):** \_\_\_\_\_

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

For Office Use Only

**Employment Verification**

The person identified above is being considered for employment and has signed a statement authorizing this verification and investigation. We appreciate a statement of your opinions and experiences as outlined below. Your reply will be considered confidential.

Last 4 digits of applicants Social Security Number: \_\_\_\_\_ Dates of Claimed Employment: \_\_\_\_\_

Position Last Held: \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

Is the above information correct?  Yes  No (If not please make corrections.)

What is your opinion as to this person's

Ability \_\_\_\_\_ Effort \_\_\_\_\_

Conduct \_\_\_\_\_ Attendance \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Eligible for rehire?  Yes  No If not, why? \_\_\_\_\_

Your further comments on any personal or professional strength and weaknesses are appreciated: \_\_\_\_\_

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

Thank you for your prompt attention. When finished, please fax back to (520) 624-8314 at your earliest convenience or if you have an questions in regards to this employment verification contact HR at (520) 624-5500

## VOLUNTARY EEO IDENTIFICATION

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. The Ashton Company believes all persons are entitled to equal employment opportunities and does not discriminate against employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital, status or any other protected group status.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

### Gender

Male  Female

### Race/Ethnic Data (Check only one)

Hispanic or Latino  White  Black or African American  
 American Indian/Alaskan Native  Asian  Native Hawaiian or Other Pacific Islander  
 Two or More Races

### Veteran Status

Special Disabled Veteran  Vietnam Era Veteran  
 Newly Separated Veteran  Other Protected Veteran

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> 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 will be kept private and will not be used against you in any way.

If you already work for us, 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 an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- 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

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### 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.

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<sup>i</sup> 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 (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**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.