

# 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Applied For: _____	

#### AVAILABILITY:

Are you legally eligible for employment in this country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked for Ashton before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when? _____	
Do you have friends or relatives working for Ashton?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who? _____	
Are you able to perform the essential functions of this job with or without accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony or served time in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the date, city/state, and the charge: _____	
Will you work out of town in Arizona?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: To:				
From: To:				
From: To:				
From: 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. NOTE: If submitting electronically and unable to sign, please check the statement below.**

By submitting this application online you acknowledge all information above just as if you had actually signed this document.

**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 any 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