

APPLICATION FOR EMPLOYMENT



Corporate Headquarters

500 E 84th Avenue, Suite A-5

Thornton, CO 80229

(303) 289-7497

Application for (select one box):

- Brundage-Bone Concrete Pumping, Inc
- Capital Pumping, LP
- Eco-Pan, Inc

An Equal Opportunity Employer (EEO)

Brundage-Bone Concrete Pumping, Inc, Capital Pumping, LP and Eco-Pan, Inc (collectively, the "Company") is an Equal Employment Opportunity Employer. Please refer to the following websites for a complete description of the Company's EEO Policy Statement.

Answer each question fully and accurately. No action will be taken on this application until all questions have been answered. **PLEASE PRINT**, except for signature on page 5 of the application. In answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Position Applied For: _____ Date: _____

Applicant's Name: _____ Telephone: _____

Current Address: _____
Street Address City State Zip Code

Are you seeking: Full-Time Part-Time, or Temporary Employment? When could you start work? _____

Are you 18 years of age or older? (If hired, you may be required to submit proof of age): Yes No

If hired, can you furnish proof you are eligible to work in the U.S.?

Yes No

Have you ever applied with the Company before?: Yes No If yes, when?: _____

Have you ever been employed by the Company before?: Yes No If yes, when?: _____

If yes, which branch / location?: _____

How were you referred to the Company for employment?: _____

If employed, do you expect to be engaged in any additional business or employment outside of the Company?:

Yes No If yes, give details: _____

For positions requiring a driver license, do you have a valid driver license?: Yes No N/A

Have you ever had your driver license suspended or revoked?: Yes No N/A

If yes, give details?: _____



LIMITED TO POSITIONS REQUIRING A DRIVER LICENCE LIST ACCIDENT RECORD FOR PAST 3 YEARS (Attach sheet if more space is needed). <i>If none, write None.</i>				
	Date	Nature of Accident (Head-on, Rear-End, Lane Change, etc.)	Fatalities	Injuries
Last Accident				
Previous Accident				
Previous Accident				

LIMITED TO POSITIONS REQUIRING A DRIVER LICENCE LIST TRAFFIC CONVICTIONS/FORFEITURES FOR PAST 5 YEARS (exclude parking violations - Attach sheet if more space is needed). <i>If none, write None.</i>			
Location	Date	Charge	Penalty

List professional, trade, business, or civic activities and offices held (exclude labor organizations and memberships which reveal race, color, religion, national origin, sex age, disability, or other protected status.):

List your addresses of residency for the past 3 years:

Address: _____
 Street Address City State Zip Code Years / Months

Address: _____
 Street Address City State Zip Code Years / Months

Address: _____
 Street Address City State Zip Code Years / Months

Address: _____
 Street Address City State Zip Code Years / Months

EDUCATION: (List name and address)	Number of Years Completed	Diploma/Degree	Subjects Studied
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			
What skills or additional training do you have that relate to the job for which you are applying?: _____			
What machines or equipment can you operate that relate to the job for which you are applying?: _____			



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NAME OF EMPLOYER:		JOB TITLE:	
ADDRESS:		DATE OF EMPLOYMENT (MO/YR): From: _____ To: _____	
CITY, STATE, ZIP CODE:		Federal Motor Carrier Position: <input type="checkbox"/> Yes <input type="checkbox"/> No Position Subject to Drug Testing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SUPERVISOR(S):	TELEPHONE:	REASON FOR LEAVING:	

If you have any additional employer information, please submit an additional page.

Have you worked or attended school under any other names? Yes No

If yes, give name(s): _____

Are you presently employed?: Yes No If yes, may we contact your current employer?: Yes No

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

References: Please give two references (No relatives or former employers)

_____	_____	_____
Name	Phone	Email Address
_____	_____	_____
Name	Phone	Email Address

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date, and I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision including but not limited to the applicant's driving record for the past three (3) years in accordance with Section 391.23 of the Federal Motor Carrier Safety Regulations and information on the driver's alcohol tests with a concentration of 0.04 or greater, positive controlled substances test results, and refusals to be tested within the preceding two years and other information as allowed by Sections 382.413(a)(b)(c)(e)(f) of the FMCSR. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY



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SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE CHIEF EXECUTIVE OFFICER AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____

Date: _____



APPLICATION AFFIRMATIVE ACTION INFORMATION

It is the policy of the Company to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. The Company invites all applicants to identify themselves as indicated below. **Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application form.**

Name: _____ Date: _____

Position Applying For: _____

Referral Source: _____

Gender Male Female

Racial Origin (Please mark one of the following categories)

- ASIAN** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example: Cambodia, China, India, Japan Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- BLACK OR AFRICAN AMERICAN** – All persons having origins in any of the Black racial groups of Africa.
- CAUCASIAN/WHITE** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- AMERICAN INDIAN OR ALASKA NATIVE** – A person having origins in any of the original peoples of North and South America (Including Central America) and who maintains tribal affiliation or community attachment.

Ethnicity:

- HISPANIC OR LATINO** – A person of Cuban, Mexican, Puerto Rico, South or Central American or other Spanish Culture or origin, regardless of race.

Vietnam Era Veteran: No Yes (Yes indicates you served between August 5, 1964 and May 7, 1975)

I do not wish to self-Identify.

Signature: _____

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



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