

DRS Engineering Contractors

8955 S. Ridgeline Blvd. Ste. 700
 Highlands Ranch, CO 80129
 303-306-9200 FAX: 303-309-3945

EMPLOYMENT APPLICATION

Important: If you need any assistance completing this application, notify the person who gave you the application form and accommodations will be made for you whenever possible. This application must be fully and accurately completed in order to be processed. Please use blank paper if you need additional space.

Today's Date: _____

Position Desired: _____

Shift: Day Swing Graveyard

Employment Desired: Full-time Part-time Seasonal

Name:	Social Security Number:
Street Address:	Home Phone:
City/State/Zip:	Birthdate:
Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Were you ever employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Have you ever been convicted of any law violation (except a minor traffic violation)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: _____ For driving jobs only: Do you have a valid driver's license?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License Number: _____ Class of License: _____ State of Issue: _____ Have you had your driver's license suspended or revoked in the last 3 years?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: _____	

List Name and Address of Schools

Degree/Diploma/Certificate

Subjects Studied

High School or GED: _____

College or University: _____

Vocational or Technical: _____

High School or GED: _____

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

Previous Work History

Please list the most recent work history first.

COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED MONTH/YEAR FROM: TO:
SUPERVISOR'S NAME	WEEKLY PAY START: LAST:
JOB TITLE/DUTIES	REASON FOR LEAVING:

COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED MONTH/YEAR FROM: TO:
SUPERVISOR'S NAME	WEEKLY PAY START: LAST:
JOB TITLE/DUTIES	REASON FOR LEAVING:

COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED MONTH/YEAR FROM: TO:
SUPERVISOR'S NAME	WEEKLY PAY START: LAST:
JOB TITLE/DUTIES	REASON FOR LEAVING:

References

List three school or business references that you give us permission for us to contact. They should not be related to you.

NAME/TITLE	ADDRESS	PHONE

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

If yes, give names: _____

Are you presently employed? ___ Yes ___ No

If yes, may we contact your present employer? ___ Yes ___ No

To the best of my knowledge the above facts and statements are true and complete:

Signature

Printed Name

**BACKGROUND CHECK and SCREENING
DISCLOSURE/RELEASE/AUTHORIZATION FORM**

1. By this document Disaster Recovery Systems dba DRS Engineering Contractors discloses to you that a consumer report may be obtained for employment purposes as part of the pre-screening background check and at any time during your employment or affiliation.
2. This shall authorize the procurement of a consumer report by a credit reporting agency or other sources as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for the named employer or its associates or other sources to procure consumer reports at any time during my affiliation or employment period.
3. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, workers comp claims, mode of living, character and personal reputation. I also understand you may make use of the internet including social networking sites. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.
4. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during and after my employment, if in the company's (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested.
5. Drug and Alcohol Screening: I authorize the procurement and use of drug and/or alcohol testing, at the discretion of the company, for the purpose of employment screening and for the purpose of ongoing employee quality assurance should employment be offered.

I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize the employer and it's agent/credit reporting agency and all associated entities and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

Applicant's Signature _____

Print Name _____ Date _____

Other Names Used _____

Social Security Number _____/_____/_____ Date of Birth _____

Driver's License # _____ State _____

Current Address _____

City/State _____ Zip Code _____

Previous address _____

City/State _____ Zip Code _____