



## Colorado Hazardous Environmental, Inc.

• P.O. Box 8901 • Denver, Colorado 80201 • Tel 720 435 4516 •

### C.H.E. Application for Employment Pre-Employment Questionnaire Equal Opportunity Employer

**Personal Information:**

**Date:**     /     /

Last Name:	First Name:	Social Security No.
Present Address:	City & State:	Zip Code:
Permanent Address:	City & State:	Zip Code:
Phone No.:	Secondary Phone No.:	Referred By:

**Employment Desired:**

Position:	Date you can Start:	Salary Desired:
Are you Employed Now? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, May we inquire of your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you Legally Authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>
Ever applied at C.H.E. Before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where:	When:
Ever worked for C.H.E. Before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where:	When:

Reason for Leaving:

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How did you find out about this position? Employment Agency <input type="checkbox"/> State Employment Office <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Friend <input type="checkbox"/> Walk In <input type="checkbox"/> Online Ad <input type="checkbox"/> Website <input type="checkbox"/> Other: _____
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**References:** (List 3 Professional References whom we may Contact)

Name:	Address:	Business:	Phone No.:
Name:	Address:	Business:	Phone No.:
Name:	Address:	Business:	Phone No.:

**Education History:**

<i>High School</i>	Name & Location of School:	Years Attended:	Did you Graduate? Y / N	Subject Studied:
<i>College</i>			Y / N	
<i>Trade, Business, or Correspondence School</i>			Y / N	

**General Information:**

Subject of Special Study/Research Work:
Special Training, Certifications, Licenses:
Special Skills, Foreign Languages:

**Military Service Record:**

Have you ever served in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	Branch Service:
Discharge Date:	Rank:

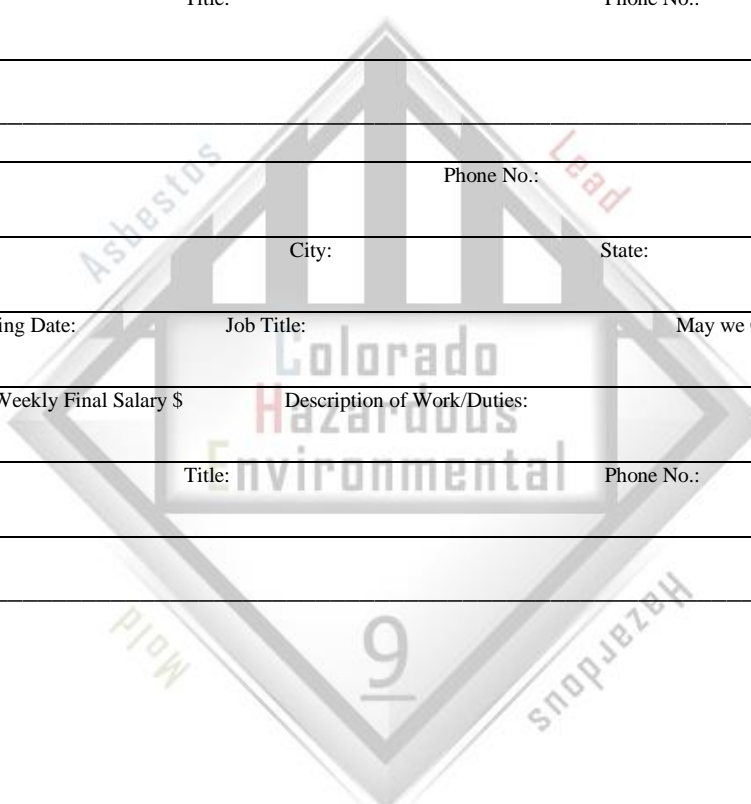
**Former Employers:** (List below the last Three Employers, starting with most recent)

Name of Previous Employer:	Phone No.:		
Address:	City:	State:	Zip:
Starting Date:	Leaving Date:	Job Title:	May we Contact your Supervisor/Manager? Yes <input type="checkbox"/> No <input type="checkbox"/>
Weekly Starting Salary \$	Weekly Final Salary \$	Description of Work/Duties:	
Name of Supervisor:	Title:	Phone No.:	

Reason for Leaving:

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Starting Date:	Leaving Date:	Job Title:	May we Contact your Supervisor/Manager? Yes <input type="checkbox"/> No <input type="checkbox"/>
Weekly Starting Salary \$	Weekly Final Salary \$	Description of Work/Duties:	
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Address:	City:	State:	Zip:
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Weekly Starting Salary \$	Weekly Final Salary \$	Description of Work/Duties:	
Name of Supervisor:		Title:	Phone No.:

Reason for Leaving:

**Special Purpose Questions:**

Height: _____ Weight: _____ Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been Convicted of a Felony <input type="checkbox"/> or Misdemeanor <input type="checkbox"/> within the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Describe: _____ _____
You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied

I understand and agree that I may be required to take one or more Physical examination, Drug test, Lie detector test as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the company and to release C.H.E., its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are you able to perform each of the following job functions with or without an accommodation?
1. Any Medical Concerns/Information? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please explain: _____ _____
2. Any Legal Concerns/Information? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____ _____
3. Any Personal Concerns/Information? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____ _____
Were you seriously injured? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____ _____ _____

What foreign languages do you speak fluently? \_\_\_\_\_

What foreign languages do you write fluently? \_\_\_\_\_

What foreign languages do you read fluently? \_\_\_\_\_

**Asbestos Supervisors & Workers Only:**

Do you have reliable Transportation? Yes  No

Do you have a Respirator (Mask)? Yes  No

Do you have Boots? Yes  No

Do you have Tools? Yes  No

Do you have a current Ahera Cert? Yes  No

Do you have a current CDPHE License? Yes  No

Do you have a current Physical? Yes  No

**Authorization**

**“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.**

**I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my pervious employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.**

**I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorization company representative.**

**This wavier does not permit the release or use of disability- related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal state laws.”**

Signature \_\_\_\_\_

Date \_\_\_\_\_

