

Application for Employment

We consider applicants for all positions without regard to race, color, creed, religion, national origin, gender, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

| | |
|-----------------------|-------|
| Position Applied For: | Date: |
|-----------------------|-------|

| | |
|---|-------------------|
| Last Name, First Name, and Middle Name: | |
| Address, City, State, Zip: | |
| Telephone # | Social Security # |

Are you 18 years or older? YES NO

Are you currently employed? YES NO

May we contact your present employer? YES NO

What date would you be available to work? _____

Are you available to work: Full Time or Part Time?

Can you travel? YES YES

Have you been convicted of a felony in the last 7 years? YES NO

If yes, please explain: (Conviction will not necessarily disqualify an applicant from employment.)

Asbestos/Lead Work Experience

Currently licensed in what states: Other Special Certifications such as Haz Mat?

Employment Experience (List below or attach resume)

Start with your present employer or last employment.

| | | |
|-------------|-------------------------------------|---------------------|
| Employer: | Dates Employed: To: From: | Work Performed: |
| Address: | | |
| Phone #: | Hourly Rate: Starting: Final: | |
| Job title: | | |
| Supervisor: | | Reason for Leaving: |

| | | |
|-------------|-------------------------------------|---------------------|
| Employer: | Dates Employed: To: From: | Work Performed: |
| Address: | | |
| Phone #: | Hourly Rate: Starting: Final: | |
| Job title: | | |
| Supervisor: | | Reason for Leaving: |

Foreign Languages

| | Language: _____ | | | Language: _____ | | |
|--------------|-----------------|------|------|-----------------|------|------|
| | Fluent | Good | Fair | Fluent | Good | Fair |
| Speak | | | | | | |
| Read | | | | | | |
| Write | | | | | | |

Education (List below or attach resume)

| | School Name/Address | Studies | Years Comp | Diploma/Degree Received |
|--------------------|---------------------|---------|------------|-------------------------|
| High School | | | | |
| Address | | | | |
| College | | | | |
| Address | | | | |
| Other | | | | |
| Address | | | | |

Describe any specialized training, apprenticeship, and skills you think would be beneficial:

Equipment Operated

| Please circle your skill level: 1-Never Used 2-Little Skill 3-Some Skill 4-Well Skilled | | | | | | | | | | | | | | |
|---|---|---|---|---|------------------|---|---|---|---|-------------------------------|---|---|---|---|
| Electric Drill | 1 | 2 | 3 | 4 | Hammer | 1 | 2 | 3 | 4 | Manual Transmission | 1 | 2 | 3 | 4 |
| Tile Stripper | 1 | 2 | 3 | 4 | Sawzall | 1 | 2 | 3 | 4 | Pulled Trailer w/Truck | 1 | 2 | 3 | 4 |
| Chop Saw | 1 | 2 | 3 | 4 | Buffer | 1 | 2 | 3 | 4 | Pickup Hydraulic | 1 | 2 | 3 | 4 |
| Jackhammer | 1 | 2 | 3 | 4 | Skill Saw | 1 | 2 | 3 | 4 | Jack | 1 | 2 | 3 | 4 |
| Manometer | 1 | 2 | 3 | 4 | Neg Air. | 1 | 2 | 3 | 4 | | | | | |
| Others Used: | | | | | | | | | | | | | | |

Carpentry/Construction Skills

| Please circle your skill level: 1-Never Used 2-Little Skill 3-Some Skill 4-Well Skilled | | | | | | | | | | | | | |
|---|---|---|---|---|----------------------------|---|---|---|---|--|--|--|--|
| Carpentry Skills | 1 | 2 | 3 | 4 | Construction Skills | 1 | 2 | 3 | 4 | | | | |
| Please list any carpentry skills | | | | | | | | | | | | | |

References

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Certification and Release

Signature of Applicant: _____ Date: _____

Please submit your application 1 of the ways listed below:

Mail to:
Risk Removal, LLC
6250 Iron Forge Rd
Timnath, CO 80547

FAX to:
(970) 493-7446

Email to:
lauras@riskremoval.com

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Risk Removal, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer reports investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Risk Removal, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Risk Removal, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents: Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is