



(An equal opportunity employer)
PRE-EMPLOYMENT APPLICATION
 Field Technician/Project Manager

PERSONAL INFORMATION

Name (last name first) _____ Email _____
 Present street address _____ City _____ State _____ Zip _____
 Mailing address _____ City _____ State _____ Zip _____
 Present telephone number (s) _____
 Position desired _____ Referred by _____
 Date you can start _____ Desired salary _____ Are you willing to travel? ____ Relocate? ____
Please complete the following information regarding your driver's license and record:
 License type _____ State of issue _____ No. _____ Driving record (please provide copy) _____

EMPLOYMENT HISTORY *(Please complete the following for your last four employers, beginning with your most recent job.)*

Dates Mo./Yr.	Company Name/ Mailing Address	Supervisor's Name Phone Number	Your Title / Job Duties	Reason for leaving
From ___/___/___ To ___/___/___				
From ___/___/___ To ___/___/___				
From ___/___/___ To ___/___/___				
From ___/___/___ To ___/___/___				

EDUCATION HISTORY *(Please complete the following for your education background, beginning with high school.)*

Dates Mo./Yr.	School Name Mailing Address	Type of School	Graduation Mo./Yr.	Overall Grade Point Average	Major/Other Subjects Studied
From ___/___/___ To ___/___/___					
From ___/___/___ To ___/___/___					
From ___/___/___ To ___/___/___					

CLERICAL SKILLS (proficiency: none, satisfactory, good, and excellent)

Classification	Proficiency Level/Experience in Yrs.	Classification	Proficiency Level/Experience in Yrs.
Word processing software		Business writing	
Spreadsheet software		Spelling	
Database software		Basic mathematics	
Other software		Other	

TECHNICAL SKILLS

Classification	Please give details	No. Years of Experience
Equipment operation: Construction		
Equipment operation: Environmental		
Equipment operation: Safety record		
Demolition/Excavation		
Surveying		
Other		

SPECIAL TRAINING/CERTIFICATION

Classification	Certifying Entity	Certification Date	License Number
Board Certification: Professional Engineer			
Board Certification: Professional Geologist			
Cathodic Protection			
OSHA 40-Hour Hazardous Materials			
OSHA 8-Hour Hazardous Materials Refresher			
OSHA Permit Required Confined Space			
Storage Tank Installation (AST/UST)			
Other:			

REFERENCES (Please complete the following for three persons not related to you, whom you have known for at least one year.)

Reference Name	Phone Number/Address	Business	Relationship to You	Years Known

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Authorization and Release

I hereby 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 will be grounds for dismissal.

In addition, I authorize investigation of all statements contained herein and authorize the references and employers listed above to give the representatives of CGRS, Inc. any and all information concerning my previous employment, including any pertinent information (personal or otherwise) that they may have. I hereby release CGRS, Inc. and all such employers and references from all liability for any damage which may result from utilization of such information.

I acknowledge that Colorado is an employment-at-will state and that any offer of employment is neither a contract nor a legal document. I also understand and agree that no representative of CGRS, Inc. 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 authorized CGRS, Inc. officer.

I understand that CGRS, Inc. is a drug free workplace.

Applicant Signature _____ Application Date _____

Interviewed by _____ Interview Date _____