



Revision Date: January 4<sup>th</sup>, 2021



## Driver Application Check List

We keep applications on file up to 1 year. If you move, please contact us, or have another contact number noted on your application.

**In order to be considered as a driver with Tezak Heavy Equipment, your application must be complete. Please double check for the following;**

1.  Be sure to put your complete address.
2.  Be sure that your places of residence go back 7 years.
3.  We need to have the complete mailing addresses and phone numbers for the previous employers, going back at least 5 years.
4.  You must go back for the past 10 years on your employment history.
5.  We need complete employment dates, including both the month and the year.
6.  Any gap in employment should be noted and explained, i.e. Unemployed, Self-employed (with someone we can contact for verification), or School and place where attended.
7.  Driving Experience needs to include the nature and extent of driving experience.
8.  Accident history needs to be addressed. If no accidents, mark none.
9.  Traffic violations need to list the date, the place, the type of violation, and points issued. All violations need to be listed, even if no points were assessed. This includes overweight, etc.
10.  You must possess a Colorado Driver's License. If you have an out of state license, you need to change your license.
11.  Type of license needs to be noted and any endorsements listed.
12.  The Driver License section needs to include explanations to any "yes" questions.
13.  You must sign and date your application.



## An Equal Opportunity Employer

Tezak Heavy Equipment Co., Inc. does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

### DRIVER'S APPLICATION FOR EMPLOYMENT

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and 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.

Job Applying for: _____		Today's Date _____		
Please Print				
Are you seeking: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Date Available to begin work: _____		
<b>GENERAL INFORMATION</b>				
Last Name _____		First Name _____	Middle Name _____	
Street Address _____		City, State, Zip _____	Length of time at address _____	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No				
( ) _____		( ) _____	( ) _____	
Cell Phone _____	Home Phone _____	Email Address _____		
<b>PREVIOUS SEVEN YEARS RESIDENCY (ATTACH ADDITIONAL SHEETS IF NECESSARY)</b>				
Street Address _____		City, State, Zip _____	Length of time at address _____	
Street Address _____		City, State, Zip _____	Length of time at address _____	
Street Address _____		City, State, Zip _____	Length of time at address _____	
Have you ever applied here before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____	
Have you ever worked for this company before		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Month & Year? _____	
Location: _____		Position: _____		
Reason for Leaving? _____				
If hired can you furnish proof you are eligible to work in the US?		<input type="checkbox"/> Yes <input type="checkbox"/> No _____		
<i>Any job offer made following the interview process will be contingent upon successful completion of background checks, physical, and drug screen.</i>				
<b>EDUCATION</b>				
Education	Name and Location of School	Subjects Studied	Years Completed	Degree / Diploma
College or University				
Business/Trade/Vocational				
Business/Trade/Vocational				
High School or GED				
If employed, do you expect to be engaged in any additional business or employment outside of our job?				<input type="checkbox"/> Yes <input type="checkbox"/> No

## EXPERIENCE AND QUALIFICATIONS OF DRIVER AND SPECIAL SKILLS

### LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

B. Has any license, permit or privilege ever been suspended ore revoked?  Yes  No

If the answer to either A. or B. is yes, explain details (attach additional sheet if necessary): \_\_\_\_\_

Number of years you've held a Commercial Drivers License (CDL)? Enter N/A if None: \_\_\_\_\_

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLATBED, ETC)	FROM	TO	APPROXIMATE # OF MILES TOTAL
Straight Truck				
Tractor & semi-trailer				
Tractor & two trailers				
Other				

### ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH ADDITIONAL SHEET IF NECESSARY)

DATES (IN CHRONOLOGICAL ORDER)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ROLLOVER, ETC)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIAL SPILLS
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

### TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS

Other than Parking Violations / Write NONE if none

DATE	LOCATION	CHARGE	PENALTY

### EXPERIENCE AND QUALIFICATIONS – OTHER

What additional training do you have that relates to the job for which you are applying: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships that reveal race, color, religion, national origin, sex, age, disability, or other protected class: \_\_\_\_\_

## WORK HISTORY

List name of employers in consecutive order with the most recent or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Use additional sheets if needed.

**Note: you are required to give all employment information for the last 10 years.**

### PREVIOUS EMPLOYER:

COMPANY NAME: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM (MM/YY): \_\_\_\_\_ TO: (MM/YY): \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING/WANTING TO LEAVE: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER:  Yes  No

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

Were you subject to the Federal (or PUC) Motor Carrier Safety Regulations while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements under 49 CFR parts 40/382 while employed here?  Yes  No

### PREVIOUS EMPLOYER:

COMPANY NAME: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM (MM/YY): \_\_\_\_\_ TO: (MM/YY): \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING/WANTING TO LEAVE: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER:  Yes  No

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

Were you subject to the Federal (or PUC) Motor Carrier Safety Regulations while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements under 49 CFR parts 40/382 while employed here?  Yes  No

### PREVIOUS EMPLOYER:

COMPANY NAME: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM (MM/YY): \_\_\_\_\_ TO: (MM/YY): \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING/WANTING TO LEAVE: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER:  Yes  No

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

Were you subject to the Federal (or PUC) Motor Carrier Safety Regulations while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements under 49 CFR parts 40/382 while employed here?  Yes  No

**WORK HISTORY (continued)**

List name of employers in consecutive order with the most recent or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Use additional sheets if needed.

**Note: you are required to give all employment information for the last 10 years.**

**PREVIOUS EMPLOYER:**

COMPANY NAME: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM (MM/YY): \_\_\_\_\_ TO: (MM/YY): \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING/WANTING TO LEAVE: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER:  Yes  No

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

\_\_\_\_\_

Were you subject to the Federal (or PUC) Motor Carrier Safety Regulations while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements under 49 CFR parts 40/382 while employed here?  Yes  No

**PREVIOUS EMPLOYER:**

COMPANY NAME: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM (MM/YY): \_\_\_\_\_ TO: (MM/YY): \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING/WANTING TO LEAVE: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER:  Yes  No

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

\_\_\_\_\_

Were you subject to the Federal (or PUC) Motor Carrier Safety Regulations while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements under 49 CFR parts 40/382 while employed here?  Yes  No

**PREVIOUS EMPLOYER:**

COMPANY NAME: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM (MM/YY): \_\_\_\_\_ TO: (MM/YY): \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING/WANTING TO LEAVE: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER:  Yes  No

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

\_\_\_\_\_

Were you subject to the Federal (or PUC) Motor Carrier Safety Regulations while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements under 49 CFR parts 40/382 while employed here?  Yes  No

## Motor Vehicle Driver's Certification of Compliance with Driver License Requirements

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in interstate, intrastate, or foreign commerce and operates a vehicle weighting 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighting 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1.) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
  
- 2.) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, OR CANCELLATION:** Section 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to:
  1. Your employing motor carrier, and
  2. The state that issued your license (if the violation occurs in a state other than the one which issued your license.) The notification to both the employer and the state must be in writing.
  
- 3.) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.**

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE  
ALCOHOL AND DRUG TEST STATEMENT**

Section 40.25(j) as the employer, you must also ask the employee whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he/she had a positive test or a refusal to test, you must not use the employee to perform safety sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (ref. Section 40.25 (b)(5) and €)

Prospective Employee Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

The prospective employee is required by Section 40.25(j) to respond to the following questions.

1. Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:  Yes       No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one:  Yes       No

I certify that the information provided on this document is true and correct.

\_\_\_\_\_  
Prospective Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by (Print and Sign Name)

\_\_\_\_\_  
Date

## Additional Information and References

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

If yes, please provide names? \_\_\_\_\_

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

If yes please explain: \_\_\_\_\_

## References

Please provide a minimum of three references, not relatives or former employers

Name	Address	Phone #:



## AFFIDAVIT, CONSENT AND RELEASE

Please read each statement carefully before signing. You must sign both signature lines

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Print Name

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Today's Date

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). *I understand that I have the right to:*

Review information provided by previous employers;

Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer;

Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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Signature

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.

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. I release such persons and organizations from any legal liability in making such statements.

I understand I will 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.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEED 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 SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT 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.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. (FMCSR 391.21)

---

Applicant Signature

---

Date

**NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.**



**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**SECTION 1**

**TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Hereby Authorize Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street: \_\_\_\_\_ Phone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Fax: \_\_\_\_\_

To release and forward the information requested by Section 3 of this document concerning my safety performance history records within the previous 3 years. Date of Application: \_\_\_\_\_

<p><b>To: Tezak Heavy Equipment Co., Inc.</b>                  205 Tunnel Drive                  Canon City, CO 81212                  Attn: Melissa Miller                  Email: mmiller@tezakheavyequipment.com                  Or FAX: 719-269-1148</p>	<b>OR</b>	<p><b>Rocky Mountain Landscape Materials, LLC</b>                  1087 E. Holiday Drive                  Pueblo West, Co. 81007                  Attn: Tracy Matthews                  Email: tracy@rmtnlandscape.com                  Or FAX: 719-547-0358</p>
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In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**SECTION 2**

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

We employed the applicant named above.  Yes  No Employed as: \_\_\_\_\_

From: (m/y) \_\_\_\_\_ To: (m/y) \_\_\_\_\_

Did he/she drive a motor vehicle for you?  Yes  No If yes, what type?  Straight Truck  Bus

Tractor-Semi Trailer  Cargo Tank  Double/Triples  Other (specify) \_\_\_\_\_

If there is no safety performance history to report, check here , sign below and return.

**Accidents:** Complete the following for any accident included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register data for this driver.

Date	Location	Number of Injuries	Number of Fatalities	Hazmat spills

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or

Insurers or retained under internal company policies: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION 1****TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (print name) \_\_\_\_\_ Social Security Number \_\_\_\_\_

First \_\_\_\_\_ Middle Name \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_

**I authorize previous employer:** \_\_\_\_\_ Email \_\_\_\_\_

Street \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax # \_\_\_\_\_

To release and forward the information requested by Section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from: **Date of employment application** \_\_\_\_\_

To Prospective Employer: Tezak Heavy Equipment Co., Inc. Attention: Jodi Nelson

Street Address 205 Tunnel Drive City, State, Zip: Canon City, CO 81212

Phone #: 719-269-1173

Incompliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter. **Under§391.23(g), you must respond to this inquiry within 30 days of receipt.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*This information is being requested in compliance with §40.25 and §391.23*

**SECTION 2****TO BE COMPLETED BY PREVIOUS EMPLOYER****DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here

Please fill in the dates of employment From: \_\_\_\_\_ To: \_\_\_\_\_

**Complete bottom of Section 3, sign, and return.**

Driver was subject to department of transportation requirements **From:** \_\_\_\_\_ **To:** \_\_\_\_\_ Yes No

- Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?
- Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
- Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?
- Has this person committed other violations of Subpart B of Part 382, or Part 40?
- If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by Substance Abuse Professional (SAP) while in your employment?
- For a driver who successfully completed a SAP's rehabilitation referral and remained in your employment, did this driver subsequently have an alcohol test result of 0.04 or greater a verified positive test, or refused to be tested?

In answering these questions, include any required DOT drug and alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on previous page.

Name \_\_\_\_\_ Company: \_\_\_\_\_

Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Section 3 Completed by (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3a****TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed  Mailed  Emailed  Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3b****TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Please complete below when information is obtained.

Information received from: \_\_\_\_\_ Recorded by: \_\_\_\_\_

Method  Faxed  Mailed  Emailed  Other \_\_\_\_\_

Date \_\_\_\_\_

## APPLICANT AFFIRMATIVE ACTION INFORMATION

### Section 1: General Applicant Information – REQUIRED INFORMATION

Print Name: \_\_\_\_\_ Date \_\_\_\_\_  
Last
First
Middle

Position Applied for (list only one) \_\_\_\_\_

### Section 2: Referral Source:

How Did you hear about this job: \_\_\_\_\_

### Section 2: Affirmative Action Information – VOLUNTARY INFORMATION

Tezak Heavy Equipment is an Equal Opportunity Employer government contractor. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected class. To comply with government regulations for equal employment opportunity and affirmative action (EEO/AA), we must track our applicants by gender and race/ethnicity and the position they applied for and then supply this information to the government. Applicants are invited to participate. In extending this invitation you are advised that: 1) You are under no obligation to respond, but may do so in the future if you so choose; 2) Responses are kept separate from your application and will remain confidential within the Human Resources Department; and 3) Responses will be used only for the necessary reporting. When reported, data will not identify any specific individuals.

In an effort to help us comply with legal record keeping requirements regarding Affirmative Action, we ask that you complete the information requested below. Please be advised that your completion of this form is NOT part of your official application for employment. It is considered confidential information that **WILL NOT** be used in any hiring decision. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. If you choose to participate by completing this form, we thank you for your cooperation.

**Section 3: Applicant Affirmative Action Data – Please Complete Below or check this box:**     I do not wish to disclose

Gender:  Male     Female

**Race / National Origin** (You may mark one or more of the following)

Race/Ethnic Category	Definition or Category
<input type="checkbox"/> <b>Hispanic or Latino</b>	A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish Culture or origin regardless of race.
<i>If you answered "Yes" you have completed this form. Please sign and date at the bottom. If you answered "no" please select a race from the options below.</i>	
Not Hispanic or Latino	
<input type="checkbox"/> <b>White</b>	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/> <b>American Indian or Native Alaskan</b>	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.
<input type="checkbox"/> <b>Black or African American</b>	A person having origins in any of the black racial groups of Africa
<input type="checkbox"/> <b>Asian</b>	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.
<input type="checkbox"/> <b>Two or more races (not Hispanic or Latino)</b>	All person who identify with more than one of the above 5 races

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Today's Date

**Voluntary Self-Identification of Disability**

**Form CC-305**

**OMB Control Number 1250-0005**

**Expires 1/31/2017**

**Page 14 of 15**

**Why are you being asked to complete this form?**

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

**How do I know if I have a disability?**

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Arthritis
- Bipolar disorder
- Major depression
- Multiple Sclerosis (MS)
- Muscular Dystrophy
- Auto Immune Diseases
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Missing Limbs or partially missing limbs
- Intellectual disability

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

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Your Name

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Today's Date



### An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.