

# Voluntary Disclosures



**JALISCO INTERNATIONAL, INC.**

6663 Colorado Boulevard  
Commerce City, CO 80022

## EEO Information

Name: Last First Middle Date

Address: Street City State Zip Phone Number

## VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY DATA

The following information is voluntary. The data provided will be used solely in connection with affirmative action efforts. It will help us to assess the representation of a diverse workforce. Your cooperation in providing us with the data requested is appreciated. Jalisco International, Inc. is an Equal Employment Opportunity Employer.

**Ethnicity:** Please check the Racial/Ethnic group with which you identify (check only one).

- |  |  |
|--|--|
| <input type="checkbox"/> African-American, Non-Hispanic            | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian or Pacific Islander                 | <input type="checkbox"/> Hispanic        |
| <input type="checkbox"/> White, Non-Hispanic                       | <input type="checkbox"/> Other           |
| <input type="checkbox"/> I do not wish to provide this information |  |

**Gender:**

- Female       Male

**Date of Birth:** \_\_\_\_\_

**This page is to be removed by the EEO Officer prior to referral.**

## **Invitation to Self Identify as a Veteran:**

Jalisco International, Inc. is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

**As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.**

### **VETERAN STATUS**

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I identify as one or more of the classifications of protected veteran listed above

I am not a protected veteran

I do not wish to provide this information

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Sign Your Name

Print Your Name

Date:

## Voluntary Self-Identification of Disability

### 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. 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
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation )
- Autism
- Cerebral palsy
- HIV / AIDS
- Schizophrenia
- Muscular Dystrophy

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 do not wish to answer

---

Sign Your Name

Print Your Name

Today's Date

# Application for Employment



**JALISCO INTERNATIONAL, INC.**

6663 Colorado Boulevard  
Commerce City, CO 80022

**Answer all questions. Type or print in blue or black ink.**

Position applying for: \_\_\_\_\_

Date of application: \_\_\_\_\_

Pay Expected: \_\_\_\_\_

How did you hear about Jalisco?  Newspaper  Internet  Employment Agency  Job Site  Employee  Other \_\_\_\_\_

## Personal Information

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security Number(optional) \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Address for past three years: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Address for past three years: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

## General Questions

- Yes No** **Yes No**
- Do you have a legal right to be employed in the U.S.? (If "yes", proof will be required upon employment) Are you of Legal Age to work?
- Have you ever been convicted of a crime? Explain: \_\_\_\_\_
- Are you currently employed by Jalisco International, Inc? Position: \_\_\_\_\_
- Have you worked for Jalisco International before? Location: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
- Are you currently employed somewhere else? If "no", how long since your last employment? \_\_\_\_\_
- Is there any reason you may be unable to perform the job for which you have applied (as described in the job description)? If "yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education/Certifications

Circle highest grade completed: 1 2 3 4 5 6 7 8 **High School:** 1 2 3 4 **College:** 1 2 3 4 5 6

Last school attended: \_\_\_\_\_ Location (City & State): \_\_\_\_\_

List any other training or skill, which you feel are important: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certification Description (Type)	Issuer	Issued Date	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Previous Employment

**Applicants must provide the following information on all employers during the preceding 5 years (drivers list 10 years). Start with most recent.**

- Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_
- Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_
- Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_
- Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_
- Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_
- Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_
- Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_

# Driving Eligibility Commercial or Non-Commercial Vehicles

## Accidents and Violations

List all accidents for the last three (3) years, start with the most recent. Attach additional sheets if necessary.

	Date	Nature (head-on, rear-end, etc.)	Fatalities		Injuries	
			Yes	No	Yes	No
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List all traffic convictions and forfeitures for the past three (3) years (other than parking violations). Attach additional sheets if necessary.

	Date	Location	Charge	Penalty
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

## Experience and Qualifications

Driver Licenses:			
State	License Number	Type	Expiration Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

- Yes No**  
  Have you ever been denied a license, permit or privilege to operate a motor vehicle?  
  Has any license, permit or privilege ever been suspended or revoked?  
*If the answer to either of the previous questions is "yes" attach a sheet giving the details.*

## Driving/Operating Experience

Type of Equipment (van, tank, flat, loader, crane, etc.)	State	To	Dates From	Approximate Miles/Hours (Total)
Straight Truck _____	_____	_____	_____	_____
Tractor & Semi Trailer _____	_____	_____	_____	_____
Tractor - Two Trailers _____	_____	_____	_____	_____
Heavy Equipment _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

List states operated in last five years: \_\_\_\_\_

Show special courses or training that will help you in this position (if other than listed on previous page): \_\_\_\_\_

Which safety awards do you hold and from whom? \_\_\_\_\_

## Applicant Read and Sign

This certifies that this application and all attachments were completed by me and that all entries on them and information in them are true and complete to the best of my knowledge.  
 I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision.  
 I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.  
 In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand also, that I am required to abide by all rules and regulations of Jalisco international, Inc. in the event I am hired.  
**Jalisco International, Inc. is an at will employer. All employment is at the free will of both the employer and the employee.**  
**Jalisco International, Inc. is an Equal Employment Opportunity Employer.**

\_\_\_\_\_  
 Applicant signature Date

\_\_\_\_\_  
 Received by Date Time Via

# Request for Information from Previous Employer



**JALISCO INTERNATIONAL, INC.**  
 6663 Colorado Boulevard  
 Commerce City, CO 80022  
 (303) 287-8905 Fax: (303) 287-0511

**Answer all questions. Type or print in blue or black ink.**

The Information contained in this document is **confidential** and is intended only for the listed participant. If you received this by accident, please contact us immediately at the phone number listed at the top of this page and return the form to the above address via US Mail "Postage Due By Receiver".

## Section 1: TO BE COMPLETED BY THE PROSPECTIVE EMPLOYEE:

**Applicants must provide the following information on all employers during the preceding 5 years (drivers list 10 years). Start with most recent.**

1. Company Name: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Attn: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_
2. Company Name: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Attn: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_
3. Company Name: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Attn: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_
4. Company Name: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Attn: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_
5. Company Name: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Attn: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_
6. Company Name: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Attn: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_
7. Company Name: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Attn: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

I, the undersigned, hereby authorize the above employer to release the following information to Jalisco International, Inc. for the purposes of investigation, as required by Sectoins 391.23, 382.405 and 382.413 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Print Full Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 2 to be completed by the Previous Employer Section:

Dear Sir/Madam: \_\_\_\_\_ Date: \_\_\_\_\_

The above named individual has made application to our company. Please complete and return this form to the attention of the H.R. Department.

1. **Employment:** Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_
2. Did he/she drive a commercial motor vehicle for you?  Yes  No Type: \_\_\_\_\_
3. Was he/she a safe and efficient driver?  Yes  No
4. Reason for leaving you employ?  Discharged  Resignation  Lay off  Military Duty  Other: \_\_\_\_\_
5. Was his or her general conduct satisfactory? Yes No
6. Please advise on the past three years of driving record, if available: \_\_\_\_\_

Has this person ever: Yes No

- Tested positive for a controlled substance in the last two years?
- Had and alcohol test with BAC of 0.04 or greater in the last two years?
- Refused a required test for drugs or alcohol in the last two years?

Additional information related to the above questions: \_\_\_\_\_

If "yes" to any of the above question please provide the SAP's following information for further reference:

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Address(Street, City, State, Zip): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Personal Reference:

Characteristics:	Excellent	Good	Fair	Poor		Excellent	Good	Fair	Poor
Disposition, tact, ability to get along with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving Skill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative, resourcefulness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attitude?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loyalty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Other Remarks: \_\_\_\_\_

Form completed by:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Title: \_\_\_\_\_