



SURVEY • GPS • LASERS • MACHINE CONTROL

5385 Quebec St. Commerce City, CO 80022 (303) 853-0311 (800) 293-9765 Fax: (303) 853-0211
www.rockymtnlasers.com

EMPLOYMENT APPLICATION

Title of job applying for:			Date:
Last Name	First Name	MI	Social Security No.
Mailing Address (Street or P.O. Box)			E-mail Address:
City, State, Zip			Home Phone:
Colorado Resident? Y or N			U.S.A. Resident? Y or N
Currently employed? Y or N Date available: _____			Are you over 18 years of age? Y or N
If this position requires travel, how much of your work week are you willing to Travel?			
None: _____ 25% _____ 50% _____ more than 50% _____			
Criminal Conviction/Traffic Violations: Have you ever been convicted of: (1) A misdemeanor, gross misdemeanor or felony? Y or N (2) A moving traffic violation within the last five years? Y or N If yes to one or both above questions, ATTACH STATEMENT giving date(s), time(s), location(s) and circumstance(s). Include any conditions of your parole and/or probation, if applicable. A criminal conviction is not an automatic bar to employment. Each case is considered on its individual merits. LACK OF REQUESTED INFORMATION IS BASIS FOR REJECTING AN APPLICATION.			
EDUCATION AND TRAINING			
Circle Highest Grade Completed: High School: 9 10 11 12 College: 1 2 3 4 Graduate School: 1 2 3 4			
High School Name & Location:		Did you graduate? Y N GED	
College or University Name & Location:		Date Attended - From: _____ To: _____ Degree Received: _____	
College or University Name & Location:		Date Attended - From: _____ To: _____ Degree Received: _____	
Business, Trade, Technical or Vocational School: Name & Location:		Date Attended - From: _____ To: _____ Degree/Certification received: _____ Completion Date: _____	
Special Training or Skills Acquired: _____			
EMPLOYMENT HISTORY			
Current or Last Employee, Name & Location:		Your Title:	
		Supervisor:	
		Phone No:	
Major Activities:	% of Time	From: _____ To: _____	
1		Reason for leaving:	
2			
3			
4			
Number and Title(s) of people you supervised: _____			
Machines/equipment you used: _____			

EMPLOYMENT HISTORY

Current or Last Employee, Name & Location:	Your Title:	
	Supervisor:	
	Phone No:	
Major Activities:	% of Time	From: _____ To: _____
1		Reason for leaving:
2		
3		
4		
Number and Title(s) of people you supervised: _____		
Machines/equipment you used: _____		

EMPLOYMENT HISTORY

Current or Last Employee, Name & Location:	Your Title:	
	Supervisor:	
	Phone No:	
Major Activities:	% of Time	From: _____ To: _____
1		Reason for leaving:
2		
3		
4		
Number and Title(s) of people you supervised: _____		
Machines/equipment you used: _____		

EMPLOYMENT HISTORY

Current or Last Employee, Name & Location:	Your Title:	
	Supervisor:	
	Phone No:	
Major Activities:	% of Time	From: _____ To: _____
1		Reason for leaving:
2		
3		
4		
Number and Title(s) of people you supervised: _____		
Machines/equipment you used: _____		

If you have additional employment history please attach to this application on a separate sheet of paper.

REFERENCES (Provide 3 references that are NOT past employers or family relatives.)

Name & Location	Phone No:
Name & Location	Phone No:
Name & Location	Phone No:

By signing this application, I declare that any statement in this application or information provided is true and complete. I understand that if I provide false information I could be terminated without notice. I authorize Rocky Mountain Lasers and Instruments, Inc. to conduct an inquiry into any information related to my potential or continued employment with Rocky Mountain Lasers and Instruments, Inc. and authorize the release of any liability of whatsoever nature by reason of requesting such information from any person.

☐ I request that you do not contact my present employer unless necessary to determine my qualifications for this position.

Signature _____

Date _____

Print _____

**EMPLOYEE
Emergency Information**

Please provide the following info:

Name: _____

Home Phone: _____

Emergency Contact: _____ Ph #: _____

Spouse's Name: _____ Ph #: _____

Birthdate: ____ / ____ / ____

Physician's Name: _____ Ph #: _____

Hospital: _____

Dentist's Name: _____ Ph #: _____

Do you have any illnesses or allergies we should be aware of in case of an emergency? _____

If yes, please explain: _____

Do you wear contact lens? _____

Thank you,

Leisa

For Colorado Purposes Only

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

<p>A Enter "1" for yourself if no one else can claim you as a dependent A _____</p> <p>B Enter "1" if: {</p> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. <p>C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____</p> <p>D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____</p> <p>E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . E _____</p> <p>F Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . F _____</p> <p>G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . G _____ <p>H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► H _____</p>	<p>For accuracy, complete all worksheets that apply.</p> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.
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----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

<p>Form W-4 Department of the Treasury Internal Revenue Service</p>	<h2>Employee's Withholding Allowance Certificate</h2> <p>► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	<p>OMB No. 1545-0074</p> <h1 style="font-size: 2em;">2012</h1>
<p>1 Your first name and middle initial _____ Last name _____</p>		<p>2 Your social security number _____</p>
<p>Home address (number and street or rural route) _____</p>		<p>3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</p>
<p>City or town, state, and ZIP code _____</p>		<p>4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/></p>
<p>5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5 _____</p>		<p>6 Additional amount, if any, you want withheld from each paycheck 6 \$ _____</p>
<p>7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption.</p> <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. <p>If you meet both conditions, write "Exempt" here ► 7 _____</p>		
<p>Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.</p>		
<p>Employee's signature (This form is not valid unless you sign it.) ► _____</p>		<p>Date ► _____</p>
<p>8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____</p>		<p>9 Office code (optional) _____ 10 Employer identification number (EIN) _____</p>

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1**Table 2**

Married Filing Jointly				All Others			
If wages from LOWEST paying job are—		Enter on line 2 above		If wages from LOWEST paying job are—		Enter on line 2 above	
\$0 - \$5,000	0			\$0 - \$8,000	0		
5,001 - 12,000	1			8,001 - 15,000	1		
12,001 - 22,000	2			15,001 - 25,000	2		
22,001 - 25,000	3			25,001 - 30,000	3		
25,001 - 30,000	4			30,001 - 40,000	4		
30,001 - 40,000	5			40,001 - 50,000	5		
40,001 - 48,000	6			50,001 - 65,000	6		
48,001 - 55,000	7			65,001 - 80,000	7		
55,001 - 65,000	8			80,001 - 95,000	8		
65,001 - 72,000	9			95,001 - 120,000	9		
72,001 - 85,000	10			120,001 and over	10		
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—		Enter on line 7 above	
\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
70,001 - 125,000	950	35,001 - 90,000	950
125,001 - 190,000	1,060	90,001 - 170,000	1,060
190,001 - 340,000	1,250	170,001 - 375,000	1,250
340,001 and over	1,330	375,001 and over	1,330

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (see instructions)
- ☐ A lawful permanent resident (Alien #) _____
- ☐ An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document # _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document # _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

DISCLOSURE OF OBTAINING AN INVESTIGATIVE CONSUMER REPORT

As part of its employment policy, Rocky Mountain Lasers and Instruments, Inc., may obtain an investigative consumer report for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee. This report may include information as to your character, general reputation, personal characteristics and mode of living. The inquiry may include, but is not limited to: conviction record, motor vehicle record, credit check, references and copies of prior personnel files.

You have the right to request additional disclosures under federal law. Upon your request, made within a reasonable time, Rocky Mountain Lasers and Instruments, Inc. will disclose the nature and scope of the investigation requested. Rocky Mountain Lasers and Instruments, Inc. will send this information within 5 business days of receiving your written notice.

This disclosure is made pursuant to the Federal Credit Reporting Act. U.S.C. 1681(d).

AUTHORIZATION TO OBTAIN CONSUMER REPORT

I authorize Rocky Mountain Lasers and Instruments, Inc. to obtain a consume report for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee. I understand that the inquiry may include, but is not limited to: conviction record, motor vehicle record, credit check, references and copies of prior personnel files. I understand and confirm that the notification and authorization has been read and understood by me and that it becomes a part of the employment application.

Name of Authorizing Consumer (print)

Signature of Authorizing Consumer

Date

Drivers License Number: _____

Date of Birth (for MVR purposes only): _____

State of Issuance: _____

Social Security Number (for identification purposes): _____

If name has changed through marriage or otherwise, print former name:

This authorization is given pursuant to the Fair Credit Reporting Act. 15 U.S.C. 1681b(b)(2).



CONCENTRA MEDICAL CENTERS

EMPLOYER'S AUTHORIZATION FOR EXAMINATION OR TREATMENT

(MUST PRESENT PHOTO ID AT TIME OF SERVICE)

Patient Name: _____

SSN: _____

Company Name: Rocky Mountain Lasers

Date of Birth: _____

Location #/Street Address: 5385 Quebec St

Date of Injury: _____

Temporary Staffing Agency: _____

WORK-RELATED _____ INJURY _____ ILLNESS

Post-Accident Substance Abuse Testing:

- ☐ Drug Screen
- ☐ Breath Alcohol
- ☐ Drug Screen and Breath Alcohol
- ☐ Urine Collection Only

- ☐ DOT Regulated
- ☐ Non-regulated

DOT PHYSICAL

- ☐ Preplacement
- ☐ Recertification
- ☐ Exit
- ☐ Audiogram
- ☐ Regulated Drug Screen
- ☐ Urine Collection Only
- ☐ Breath Alcohol

PRE-PLACEMENT EVALUATION

Job Title: _____

- ☐ Physical Exam
- ☐ HPE
- ☐ Regulated Drug Screen
- ☒ Non-regulated Drug Screen
- ☐ Urine Collection Only
- ☐ Hair Collection
- ☐ Audiogram

SUBSTANCE ABUSE TESTING

- ☐ Regulated
- ☐ Non-regulated
- ☐ Urine Collection Only
- ☐ Rapid Test
- ☐ Pre-placement
- ☐ Reasonable Suspicion
- ☐ Random
- ☐ Periodic
- ☐ Post-accident
- ☐ Follow-up
- ☐ Breath Alcohol

SPECIAL PHYSICAL EXAMINATIONS

- ☐ Asbestos
- ☐ Respirator
- ☐ Hazmat
- ☐ Baseline
- ☐ Other _____

BILLING

- ☐ Employee to pay charges at time of service
- ☐ Workers' Compensation
- Insurance Co: _____
- Policy #: _____
- Phone #: _____

Authorized By: Sara J. Gough

Title: Operations Manager

Phone: 303-853-0311

Date: _____

(copies of this form available at www.concentra.com)



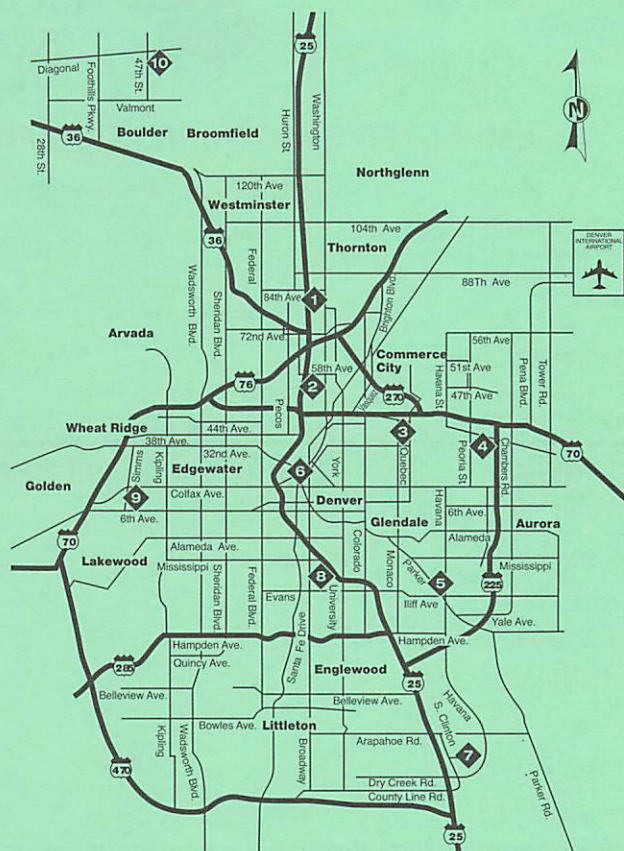
CONCENTRA MEDICAL CENTERS

IN THE EVENT OF AN ON-THE-JOB INJURY:

Report to one of the following
Concentra Medical Centers,
Monday - Friday

**In a life-or limb-threatening
emergency, dial 911 or go
directly to the nearest
emergency room.**

**After Hours and Weekend
Phone Number
(303) 370-0454**



1 Thornton
500 E. 84th Ave., Ste. B-14
Thornton, CO 80229
(303) 287-7070
FAX: (303) 287-7373
Hours: 8 am - 5 pm, M-F

2 North
420 E. 58th Ave., Ste. 111
Denver, CO 80216
(303) 292-2273
FAX: (303) 296-4138
Hours: 7 am - 6 pm, M-F

3 Stapleton
EXTENDED HOURS
6750 Stapleton Dr. South
Denver, CO 80216
(303) 355-2389
FAX: (303) 321-6268
Hours: 7 am - 10 pm, M-F

4 East
3350 Peoria Street
Aurora, CO 80010
(303) 340-3053
FAX: (303) 340-3862
Hours: 7 am - 6 pm, M-F

5 Southeast
10355 East Iliff Ave.
Aurora, CO 80247
(303) 755-4955
FAX: (303) 755-4956
Hours: 8 am - 5 pm, M-F

6 Downtown
1860 Larimer St., Ste. 100
Denver, CO 80202
(303) 296-2273
FAX: (303) 296-8330
Hours: 8 am - 5 pm, M-F

7 Dry Creek
7150 S. Fulton St., Bldg. 200-C
Englewood, Colorado 80112
(303) 792-7368
FAX: (303) 858-7076
Hours: 8 am - 5 pm, M-F

8 South
1212 S. Broadway, Ste. 150
Denver, CO 80210
(303) 777-2777
FAX: (303) 871-0218
Hours: 7 am - 6 pm, M-F

9 Lakewood
770 Simms St., Ste. 100
Golden, CO 80401
(303) 239-6060
FAX: (303) 239-6046
Hours: 8 am - 5 pm, M-F

10 Boulder
3434 47th St., Ste. 100
Boulder, CO 80301
(303) 541-9090
FAX: (303) 541-9393
Hours: 8 am - 5 pm, M-F

After Hours and Weekend Care

Saint Anthony Central
4231 W. 16th Ave.
Denver, CO 80204
(303) 629-3721

St. Anthony North
2551 W. 84th Ave.
Denver, CO 80030
(303) 426-2020

Porter Adventist Hospital
2525 S. Downing
Denver, CO 80210
(303) 778-5666

Littleton Adventist Hospital
7700 S. Broadway
Littleton, CO 80122
(303) 730-5800

Avista Adventist Hospital
100 Health Park Dr.
Louisville, CO 80027
(303) 673-1111