

## APPLICATION FOR EMPLOYMENT AT N & N SANITATION

It is the policy of N & N SANITATION that employment practices, except where required or permitted by Law, are not influenced or affected by virtue of an applicant's or employee's race, color, religion, sex, national origin, age, or any other characteristic protected by Law. In addition, it is the policy of the firm to provide an environment that is free from unlawful harassment of any kind, including that which is sexual, ethnic, or age-related.

### PERSONAL INFORMATION

Date \_\_\_\_\_

NAME \_\_\_\_\_ Phone # \_\_\_\_\_  
First Middle Last

Present

Address \_\_\_\_\_  
Street Apt. # City State Zip

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
 IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES \_\_\_\_\_ NO \_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ DO YOU PREFER Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

HOW DID YOU LEARN OF THIS OPENING? \_\_\_\_\_ DO YOU HAVE FRIENDS OR RELATIVES WORKING FOR US? \_\_\_\_\_

DO YOU HAVE RELIABLE TRANSPORTATION TO GET TO WORK? \_\_\_\_\_

HAVE YOU EVER RECEIVED COMPENSATION FOR INJURIES? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes explain)

### DRIVER BACKGROUND INFORMATION

DRIVERS LICENSE # \_\_\_\_\_ ISSUING STATE \_\_\_\_\_ TYPE \_\_\_\_\_ EXPIRES \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ WHEN WERE YOU BORN? / /

List all accidents you were involved in during the past FIVE years, regardless of who was at fault.

Nature of Accident	Date	Who was at fault	Injuries
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List all moving violations in the past FIVE years, other than parking violations.

Location	Date	Charge	Penalty or Fine
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**REFERENCES**

Do not list relatives or former employers

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

Name \_\_\_\_\_ ( ) Telephone \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ ( ) Telephone \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ ( ) Telephone \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Person to notify in case of accident or emergency (Name, Address, Telephone # )

Doctor to notify in case of accident or emergency (Name, Address, Telephone # )

**FEDERAL LAW** requires any person who applies for employment as an operator of a commercial motor vehicle to provide a history of employment for the previous **TEN YEARS**.

Start with your present or most recent job and work back from there. List all previous work experience including military and periods of unemployment.

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Company Name \_\_\_\_\_ ( ) Telephone \_\_\_\_\_ Supervisor, Name & Title \_\_\_\_\_

Address \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
From To

Title and Duties \_\_\_\_\_ \$  
Hourly Salary

Reason for leaving \_\_\_\_\_

\*\*\*\*\*

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From To

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Hourly Salary

Reason for leaving \_\_\_\_\_

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WHICH OF THESE JOBS DID YOU LIKE BEST? \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THIS JOB? \_\_\_\_\_

Please use this space to provide any additional information about your work experience and/or your driving experience you have that would provide a more complete understanding of your qualifications.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL APPLICANTS PLEASE READ CAREFULLY**

I understand that my insurability is a requisite if I am considered for as a driver. In the event this application results in my employment by the Company, in consideration of my employment, I agree to abide by the Company's rules, regulations and policies, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the Company. I further agree to submit, upon request, at any time, to a physical examination, including a test for controlled substance or alcohol usage, by a Company physician. Except in connection with my job duties for the Company, I agree that, during the term of my employment with the Company and thereafter, I will neither reveal any confidential information or trade secrets to persons outside the Company nor use such confidential information or trade secrets on my behalf or that of any other. At no time will I interfere with the Company's relationship with its other employees. My answers to the foregoing questions are given to induce the Company's to employ me, and false statements will be considered sufficient cause for my dismissal in the event this application results in my employment. I understand the answers given by me are subject to verification and are true to the very best of my knowledge and belief. I expressly authorize N & N SANITATION to obtain an investigative report, to check my references and employment records, and authorize my references and previous employers to provide any information they may have regarding me. Any legal requirement to provide notice to me regarding reports, records, or information given or received in accordance with this authorization is expressly waived.

PRINT Full Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Interview Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Interviewed By \_\_\_\_\_  
Hire Date \_\_\_\_\_ Start Date \_\_\_\_\_ Position \_\_\_\_\_ Rate \_\_\_\_\_