



APPLICATION FOR EMPLOYMENT

DATE: _____

PLEASE PRINT CLEARLY AND PROVIDE ALL REQUESTED INFORMATION

NAME _____

STREET ADDRESS _____

HOME PHONE # () _____ CELL PHONE # () _____

POSTION DESIRED

(A SEPARATE APPLICATION MUST BE PROVIDED FOR EACH POSITION IN WHICH YOU ARE INTERESTED)

POSITION APPLYING FOR: _____

TYPE OF WORK DESIRED: FULL TIME PART TIME EITHER

PERSONAL INFORMATION

IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THE UNITED STATES? YES NO

ARE YOU ON ANY MEDICATIONS THAT WOULD EFFECT YOUR ABLITY TO PERFORM YOUR JOB SAFELY AND EFFECTIVELY? IF YES, PLEASE EXPLAIN. YES NO

DO YOU HAVE ANY METAL OR PHYSICAL ILLNESSES THAT WOULD EFFECT YOUR JOB PERFORMANCE? IF YES, PLEASE EXPLAIN, YES NO

HAVE YOU EVER RECEIVED ANY TRAFFIC VIOLATIONS OR HAD ANY ACCIDENTS IN THE LAST THREE YEARS? IF YES, PLEASE EXPLAIN. YES NO

DO YOU HAVE A CDL? IF YES, PLEASE LIST ITS CLASS, ANY ENDORSEMENTS AND/OR RESTRICTION. YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF YES, PLEASE EXPLAIN. YES NO

REFERENCES

NAME	ADDRESS	TELEPHONE #	RELATIONSHIP	YEARS KNOWN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT HISTORY

EMPLOYER: _____ MAY WE CONTACT THEM? _____
ADDRESS: _____ PHONE: _____
SUPERVISORS NAME: _____ EMPLOYMENT DATES: _____
ENDING SALARY: _____ TITLE OR POSITION: _____
DUTIES/RESPONSIBILITIES: _____
REASON FOR LEAVING: _____

EMPLOYER: _____ MAY WE CONTACT THEM? _____
ADDRESS: _____ PHONE: _____
SUPERVISORS NAME: _____ EMPLOYMENT DATES: _____
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EMPLOYER: _____ MAY WE CONTACT THEM? _____
ADDRESS: _____ PHONE: _____
SUPERVISORS NAME: _____ EMPLOYMENT DATES: _____
ENDING SALARY: _____ TITLE OR POSITION: _____
DUTIES/RESPONSIBILITIES: _____
REASON FOR LEAVING: _____

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	# OF YEARS COMPLETED	DID YOU GRADUATE?	MAJOR/ DEGREE
HIGH SCHOOL/ GED	_____	_____	_____	_____
BUSINESS/TRADE OR TECHNICAL SCHOOL	_____	_____	_____	_____
COLLEGE OR UNIVERSITY(S)	_____	_____	_____	_____

CERTIFICATION

IMPORTANT. PLEASE READ CAREFULLY AND SIGN.

I hereby certify that the information on this application and all other information otherwise provided are true and correct. I understand that any misrepresentations or omissions will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and this application does not constitute an agreement or contract for employment.

I authorize Bloom Waste Services, LLC to review past employers, personal references and public records. I further authorize Bloom Waste Services to perform any type of background check, including but not limited to, credit and criminal.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature _____ Date _____

EMPLOYEE COMMENTS: _____

