



Employment Application Non-CDL Driver Positions

Applicant Name _____ **Date** ____/____/____
Last, First, Middle month day year

Position(s) Applying For: _____

Waste Eliminator is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, genetic information, citizenship status, service member status, or any other category protected by federal, state, or local law.

Consent to Background Check

I authorize Waste Eliminator, LLC to make such investigations and inquiries of my personal, employment, financial, criminal, or medical history and other related matters as may be necessary in arriving at an employment decision. Inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended. I hereby release employers, schools, law enforcement agencies, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event I become employed with Waste Eliminator, LLC, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature _____

Date ____/____/____



Answer all questions. Please print or type.

Full Name _____ Date ____/____/____
Last, First, Middle month day year

Social Security Number ____-____-____ Date of Birth ____/____/____
month day year

Phone ____-____-____ E-mail _____

Driver's License Number _____ Class ____ State _____ Expiration ____/____/____
month day year

Current Address _____
Number, Street City State Zip

Are you currently employed? Yes Company _____

No Date of last employment ____/____/____
month day year

Have you applied for work with this company before? Yes Date ____/____/____ No
month year

Who referred you to Waste Eliminator? _____ Expected pay rate _____

Have you ever been convicted of a felony? Yes (explain on separate sheet of paper) No

Do you have any pending court cases for a felony or traffic violation? Yes (explain on separate sheet of paper) No

Employment desired Full time and / or Part time Date available to start _____

How many hours are you available weekly? ____ Are you available to work Saturdays occasionally? Yes No

Highest level of education _____ Name / location of last school _____

Do you have current CPR or First Aid Certification? _____ Exp. _____

Position(s) Applying for: _____

List the skills and attributes that would qualify you for this job: _____

Employment History

Beginning with the most recent, provide last 3 years of information for previous employers. Continue on separate sheet if necessary.

Employer Name _____

Dates Employed: From ____/____/____ To ____/____/____
month year month year

Address _____ City _____ State _____ Zip _____

Position / Title _____

Pay rate _____ per _____

Supervisor _____ Phone number _____

Reason for leaving _____

Employer Name _____

Dates Employed: From ____/____/____ To ____/____/____
month year month year

Address _____ City _____ State _____ Zip _____

Position / Title _____

Pay rate _____ per _____

Supervisor _____ Phone number _____

Reason for leaving _____



Employer Name _____

Dates Employed: From ____/____/____ To ____/____/____
month year month year

Address _____ City _____ State _____ Zip _____

Position / Title _____

Pay rate _____ per _____

Supervisor _____ Phone number _____

Reason for leaving _____

Employer Name _____

Dates Employed: From ____/____/____ To ____/____/____
month year month year

Address _____ City _____ State _____ Zip _____

Position / Title _____

Pay rate _____ per _____

Supervisor _____ Phone number _____

Reason for leaving _____

Employer Name _____

Dates Employed: From ____/____/____ To ____/____/____
month year month year

Address _____ City _____ State _____ Zip _____

Position / Title _____

Pay rate _____ per _____

Supervisor _____ Phone number _____

Reason for leaving _____



My signature below 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.

Signature

Date

Pre-Employment Drug Testing Consent and Release Form

I hereby consent to submit to specimen tests as shall be determined by Waste Eliminator, LLC in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Waste Eliminator, Inc. may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the company.

I understand that the current use of illegal drugs that would prohibit me from being employed at this company.

I further agree to hold harmless the company and its agents (including physicians or clinics performing specimen testing) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Print Name

Signature

Date