



**Southern
Recycling**



COMPLETE ALL QUESTIONS TRUTHFULLY AND ACCURATELY. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Position Desired: _____ [] Full Time
 [] Part Time Date: ____/____/____
 Location applying for: _____

PERSONAL DATA

Name _____ Social Security No. _____
 (Print) Last First Middle
 Present Address _____ How long have you lived there? _____
 Street and Number City State Years Months
 Previous Address _____ How long did you live there? _____
 Street and Number City State Years Months
 Telephone No. () _____ Cell No. () _____
 Email address: _____

Do you have a legal right to work in the United States? [] Yes [] No (you will be required to show proof of citizenship)

Have you ever worked for this Company before? [] Yes [] No
 If Yes, please give dates and position: _____

Have you ever applied for a position with this Company before: [] Yes [] No If Yes, when? _____

How did you learn about this Company? [] newspaper advertisement [] employee
 [] walk-in [] other

Do you have any friends or relatives working here? [] Yes [] No
 If Yes, Name: _____ Relationship: _____

Date available for work: ____/____/____

Starting wage expected: _____ hourly _____ salary

Can you work the following? Check all that apply.

Saturday Sunday Weekdays Holidays
 Yes No Yes No Yes No Yes No

Day Evening Late Night Overtime
 Yes No Yes No Yes No Yes No

Have you ever pled guilty or "no contest" to a felony or been convicted of a felony? Yes No
 If "YES", please give date and details of each: _____

NOTE: Answering "YES" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. Please attach resume (if any).

DRIVER APPLICANTS: ALL driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing addresses, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such a vehicle. (add additional sheets if necessary)

1. Dates Worked: From _____ To _____		Salary: Starting _____ Final _____
Employer's Name		Your Job Title and Dates
Employer's Address _____ City _____ State _____ Zip _____		
Supervisor's Name		Reason for Leaving
Supervisor's Title	Supervisor's Telephone No. () _____	May this employer be contacted at this time for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver Applicants: Were you subject to the FMCSR's+ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Dates Worked: From _____ To _____		Salary: Starting _____ Final _____
Employer's Name		Your Job Title and Dates
Employer's Address _____ City _____ State _____ Zip _____		
Supervisor's Name		Reason for Leaving
Supervisor's Title	Supervisor's Telephone No. () _____	May this employer be contacted at this time for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver Applicants: Were you subject to the FMCSR's+ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Dates Worked: From _____ To _____		Salary: Starting _____ Final _____
Employer's Name		Your Job Title and Dates
Employer's Address _____ City _____ State _____ Zip _____		
Supervisor's Name		Reason for Leaving
Supervisor's Title	Supervisor's Telephone No. () _____	May this employer be contacted at this time for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver Applicants: Were you subject to the FMCSR's+ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Dates Worked: From _____ To _____		Salary: Starting _____ Final _____
Employer's Name		Your Job Title and Dates
Employer's Address _____ City _____ State _____ Zip _____		
Supervisor's Name		Reason for Leaving
Supervisor's Title	Supervisor's Telephone No. () _____	May this employer be contacted at this time for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver Applicants: Were you subject to the FMCSR's+ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

5. Dates Worked: From _____ To _____		Salary: Starting _____ Final _____
Employer's Name _____		Your Job Title and Dates _____
Employer's Address _____ City _____ State _____ Zip _____		
Supervisor's Name _____		Reason for Leaving _____
Supervisor's Title _____	Supervisor's Telephone No. () _____	May this employer be contacted at this time for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Driver Applicants:</i> Were you subject to the FMCSR's+ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

+The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 9 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EDUCATION

School Name	Years Completed:	Diploma/Degree	Describe Course of Study of Major	Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities
High School	9 10 11 12			
College/ University	1 2 3 4			
Trade or Correspondence				
Other School				

Only fill in this area if you are applying for a job that is clerical in nature or unless you have been instructed to do so.

RELEVANT SKILLS

Computers: List software packages with which you have experience _____

Can you operate a 10-key calculator by touch? Yes No

How fast can you type? _____ words per minute

Relevant courses you are taking now _____

Relevant course you expect to take _____

EMERGENCY INFORMATION

In case of an accident or other emergency, who should we contact?

Name _____

Relationship _____

Home address _____
Street City State

Telephone _____

Work address _____
Street City State

Telephone _____

BUSINESS REFERENCES

You must list three former or current business references. Please do not list personal references.

Name	Occupation	Address	Telephone Number	Number of Years Known

APPLICANT'S STATEMENT

I understand that use of this form does not indicate that there are positions open and does not in any way obligate this Company. If employed, I agree to abide by and observe all Company rules and regulations. I understand that any such future employment is terminable by either party at will with or without notice or cause and that any false or misleading information or omission on the application shall be sufficient cause for rejection or immediate dismissal. I further understand that no person other than the President of the Company has the authority to enter into any agreement for employment for any specified period of time or to modify or amend the provisions stated herein.

I understand that I must submit to a drug test as part of the application process and that this Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law.

I authorize the Company to investigate my background, including any criminal record. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them and I release them and their business from any liability whatsoever. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information. I understand that this application will only be considered active for 30 days. I understand that if I wish to receive consideration for employment after that time, I must reapply.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be discharged.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Signature of Applicant

Date

This Company is an Equal Opportunity Employer. All applications are considered for employment without regard to race, color, sex, age, disability, religion, national origin, or military veteran status.