



Drivers Application for Employment-Form

P.O. Box 473 Waunakee, WI 53597

Please print in ink. All portions of this application must be completed. All recruitment and selection activities will be conducted without regard to race, creed, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, marital status, status with regard to public assistance, membership or activity in a local commission, any other protected class status defined by applicable local, state, or federal laws.

COMPANY _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

POSITION(S) APPLIED FOR _____ **SALARY EXPECTED \$** _____

| | |
|---|-------------------------|
| NAME Last: _____ First: _____ Middle: _____ Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what name? _____ | APPLICATION DATE |
|---|-------------------------|

HOME TELEPHONE () _____ **BUSINESS TELEPHONE** () _____

SOCIAL SECURITY NUMBER (if hired, you will be required to show your *Social Security Card* to verify this number) _____ **If hired, on what date can you start?** _____

CURRENT ADDRESS

| | | | | |
|---------------|-------------|--------------|------------|-----------------|
| Street: _____ | City: _____ | State: _____ | Zip: _____ | How Long? _____ |
|---------------|-------------|--------------|------------|-----------------|

(List your addresses of residency during the 3 years preceding the date the application is submitted.)

PREVIOUS ADDRESS

| | | | | |
|---------------|-------------|--------------|------------|-----------------|
| Street: _____ | City: _____ | State: _____ | Zip: _____ | How Long? _____ |
|---------------|-------------|--------------|------------|-----------------|

| | | | | |
|---------------|-------------|--------------|------------|-----------------|
| Street: _____ | City: _____ | State: _____ | Zip: _____ | How Long? _____ |
|---------------|-------------|--------------|------------|-----------------|

| | | | | |
|---------------|-------------|--------------|------------|-----------------|
| Street: _____ | City: _____ | State: _____ | Zip: _____ | How Long? _____ |
|---------------|-------------|--------------|------------|-----------------|

Date of Birth* _____ / _____ / _____ Can you provide proof of age? _____

***(Required for Commercial Drivers)**

Have you ever applied for employment, or worked for any Republic Services, Inc., affiliated company before?
Yes No If "Yes", where? _____

| | | | |
|-------------------|----------|----------------------|----------------|
| Dates: From _____ | To _____ | Rate of Pay \$ _____ | Position _____ |
|-------------------|----------|----------------------|----------------|

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Have you ever been discharged or asked to resign from any previous employment?
Yes No If "Yes", please explain _____

How did you learn of our organization? _____

Name and affiliation of any relatives employed by our organization (please state their relationship to you): _____

| | |
|--|-----------------------------------|
| If employed, can you furnish proof that you are legally entitled to work in the USA? Yes No | Are you age 21 or over? Yes No |
|--|-----------------------------------|

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or do you have a criminal charges pending? Yes No If "Yes", please give date, location and details of each: _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

Yes No If "Yes", explain if you wish.

Do you have a valid *Driver's License*?

Yes No

Can you drive a stick shift automobile?

Yes No

List each unexpired commercial motor vehicle operator's license or permit that has been issued to you:

Driver's License No.:

Issuing State:

Expiration Date:

List all motor vehicle accidents in which you were involved during the 3 years preceding the date the application is submitted. If none, write none:

Date

Offense/Nature

Fatalities/Personal Injuries

List all violations of motor vehicle laws or ordinances (other than violations involving parking only) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date the application is submitted:

(A) Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

(B) Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to either (A) or (B) is yes, attach statement giving details

DRIVING EXPERIENCE (IF NONE, WRITE NONE)

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT) | DATES | | APPROX. NO. OF MILES (TOTAL) |
|--------------------------|--|-------|----|---------------------------------|
| | | FROM | TO | |
| STRAIGHT TRUCK | | | | |
| TRACTOR AND SEMI-TRAILER | | | | |
| TRACTOR-TWO TRAILERS | | | | |
| MOTORCOACH/SCHOOL BUS | | | | |
| OTHER | | | | |

List States operated in for the last five years

List special courses or training that will help you as a driver

Which safe driving awards do you hold and from whom?

TECHNICAL, PROFESSIONAL, MANAGERIAL SKILLS

Show any trucking, transportation or other experience that may help in your work for this company. List special equipment, technical materials you can work with, training abilities or noteworthy achievements (other than those already shown)

EMPLOYMENT HISTORY

EDUCATION

| Name of School | Location (City/State) | Course of Study | No. of Years Completed | Did you Graduate? | Diploma/Degree |
|----------------|-----------------------|-----------------|------------------------|-------------------|----------------|
| Grammar School | | | | Yes No | |
| High School | | | | Yes No | |
| College | | | | Yes No | |
| Other | | | | Yes No | |

SUBSTANCE ABUSE SCREENING NOTICE

The Company maintains drug-free workplaces. This means that we do not permit the use of any illegal substances at any of our locations. It also means that we will not employ any person who tests positive for illegal drugs. Your initial and continued employment by the Company, therefore, is contingent upon, among other things, your successfully passing our drug-screening process.

PLEASE READ AND SIGN THIS SECTION

I certify that this application was completed by me. I certify that all of the information contained in this Application or any other document I have submitted to the Company is true and accurate to the best of my knowledge. I understand that if any of this information is false, incomplete, or misleading, it may be grounds for rejection of my application for employment.

Furthermore, I understand that if false, incomplete, or misleading information is discovered after I have been employed by the Company, such discovery may be cause for the termination of my employment.

By submitting this application and/or any other documents, I agree to comply with the Company's rules and regulations. I further understand that if hired and where permissible by law, I will be an "at-will" employee, that is, my employment and compensation will not be for a definite period and my employment can be terminated at any time by me or by the Company, with or without cause or prior notice, regardless of the successful completion of any introductory or probationary period. I further understand that no recruiter, interview, or other representative of the Company, other than an officer of the Company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing and none has done so.

I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, department of motor vehicle reports, and investigative consumer reports. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

I understand and agree as a condition of employment or continued employment that I will be required to take a pre-employment substance abuse test, take a substance abuse and/or alcohol screening test at any time where the Company determines there is probable cause to do so, and that the test results must be satisfactory to the Company. I also agree to take a post-offer medical examination if requested. I understand that any offer to hire is conditioned upon results satisfactory to the Company of any required pre-employment test, substance abuse test, background investigation, and Company medical examination or inquiries.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, or a rotating work schedule that includes Saturday and Sunday. I understand and accept these, if hired, as conditions of my continued employment.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Signature (please do not print): _____ Date: _____

| | | | |
|---|--|-------------------------|----|
| FOR COMPANY USE ONLY (CHECKLIST): | | | |
| Interviewed by: _____ | Date: _____ | Hired: Yes | No |
| Date Reporting to Work: ____/____/____ | Salary/Hourly Wage: _____ | DOT Checklist(A) _____ | |
| DOT Cert. (B-1) _____ | Request for Information from Previous Employer (C) _____ | | |
| DOT Road Test (D) _____ | Cert. Of Road Test (E) _____ | MVR (F) _____ | |
| Request for Alcohol and Drug Testing Information From Previous Employer (G) _____ | | Drivers Cert. (H) _____ | |