

Applicants, please thoroughly complete the section below and next three pages of the application:

Name:

Date:

Email:

Position Desired:

Where did you hear about Western's job opening?



APPLICATION FOR EMPLOYMENT

Please Note:

To apply for a position in Route Operations (Helper or Driver), you must attach your current Motor Vehicle Record (MVR) to the application. This is required because you will need to have or obtain a Commercial Drivers License (CDL) to drive Western vehicles. Applications without MVRs will not be considered.

APPLICATION FOR EMPLOYMENT

Please read this section carefully before completing application form

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me for further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any and all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, last employer and organizations to provide relevant information and opinions that may be useful in the hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand Western Disposal may request an investigative consumer report from a consumer reporting agency. This report may include information as to my personal employment history, education, financial and credit records. I understand these investigations may include information of public record which could include driving records, civil and criminal court records, county, state, and federal tax liens, notices of default and bankruptcies, and other records as may be appropriate.

I understand I have the right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so I may obtain a complete disclosure of the nature and scope of the investigation.

I understand that if I am extended an offer of employment, it will be conditioned upon my successfully passing a drug screening evaluation. I hereby consent to post-offer drug screen as a condition of employment.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand and by my signature consent to these statements.

Signature: _____ Date: _____

Shaded areas are for employer verification only

Personal Information

Name	Last	First	Middle (Full)
Other names used: <i>Include aliases, maiden and nick names</i>			
Address			Apt #
City		State	Zip
Phone – Home	Phone- work	Social Security Number	
Have you used any names or Social Security Numbers other than given above? If yes, list here:			

Employment Desired

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:	
On what date would you be available for work?	
What category would you prefer? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
For which schedule are you available? <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Shift <input type="checkbox"/> Other	
Have you ever been employed by Western Disposal? <input type="checkbox"/> Yes <input type="checkbox"/> No	When: _____ thru _____
List any relatives who work for Western Disposal:	

Employment Experience

List names of **all employers in the last 5 years** in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name, if applicable, and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

Employer - <i>current or last</i>	Employed		Hourly Rate/ Salary	
	From	To	Start	Final
Address				
City/State/Zip		Telephone Number		
Job Title and Duties				
Supervisor <i>Name</i>	Co-Worker <i>Name</i>			
Reason for Leaving				

Employer	Employed		Hourly Rate/ Salary	
	From	To	Start	Final
Address				
City/State/Zip		Telephone Number		
Job Title and Duties				
Supervisor <i>Name</i>	Co-Worker <i>Name</i>			
Reason for Leaving				

Employer	Employed		Hourly Rate/ Salary	
	From	To	Start	Final
Address				
City/State/Zip		Telephone Number		
Job Title and Duties				
Supervisor <i>Name</i>	Co-Worker <i>Name</i>			
Reason for Leaving				

Employer	Employed		Hourly Rate/ Salary	
	From	To	Start	Final
Address				
City/State/Zip		Telephone Number		
Job Title and Duties				
Supervisor <i>Name</i>	Co-Worker <i>Name</i>			
Reason for Leaving				

Education

	Name and Location of School <i>(Location should be name of City, State, Zip)</i>	Date		Graduate? Degree Name
		From	To	
High School				
College or University				
Other Training/Schools				

Residence History

Previous Address			
City/State/Zip		From	To

Previous Address			
City/State/Zip		From	To

Driving History

Do you currently have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type:	License/ID #	State	Other

List the states where you have had a license in **the past five years**, include License/ID#:

References

Below, give the names of four persons not related to you whom have known you at least one year.

1.		Phone
2.		Phone
3.		Phone
4.		Phone