



1058 County Road 100, Carbondale, CO 81623

DRIVER APPLICATION FOR EMPLOYMENT

PERSONAL DATA – Please print legibly

NAME (Last, First, Middle)	POSITION APPLIED FOR:	DATE:

Is there any additional information relative to change of name, use of assumed name, or nickname necessary to permit a background check, verification of employment or education records? If yes, please provide past name & dates.

3 years of residency is required

Current Address: _____ How long? _____
 Street, City, State, Zip code _____ dates

Previous Address: _____ How long? _____
 Street, City, State, Zip code _____ dates

Previous Address: _____ How long? _____
 Street, City, State, Zip code _____ dates

Previous Address: _____ How long? _____
 Street, City, State, Zip code _____ dates

Cell Phone # _____ Alt Phone # _____ Email : _____

Type of employment desired? Full-Time Part time

Are you willing and available to work overtime and holidays? Yes No

Are there hours, shifts or days you will not work? If yes explain: _____

Are you willing and able to perform the essential functions of the job for which you applied (as described in attached job description)? Yes No

Shifts may start as early as 5:30 am for drivers. Are you willing and able to work these hours?

Yes No

Can you produce evidence of your right to work in the U.S.? Yes No

Are you at least 21 years of age? Yes No

Do you have reliable means of transportation to ensure regular work attendance? Yes No

Have you been charged with a felony, for which you were convicted? Yes No

If yes, please explain _____

Have you ever been bonded (Respond if CDL driver)? Yes No Name of bonding company _____

Have you filed an application here before? Yes No If yes, provide dates _____

Have you ever been employed here before? Yes No If yes, provide dates _____

How were you referred to us? _____

Applicants must provide the following information on employers for the preceding 3 years. Applicants to drive a commercial motor vehicle must provide 7 years of work history and information on employers for whom the applicant operated such a vehicle. Additional employment history sheets can be added if needed.

EMPLOYMENT HISTORY (List most recent employer first. Please complete fully. Another sheet may be added.)

EMPLOYER NAME	START DATE (mm/yyyy) END DATE (mm/yyyy)
IF CURRENT EMPLOYER – MAY WE CONTACT? Yes	No
EMPLOYER ADDRESS CITY, STATE	POSITION HELD
SALARY/WAGE	DID YOU DRIVE A VEHICLE REQUIRING A CDL?
SUPERVISOR NAME/TITLE	PHONE #
REASON FOR LEAVING?	ELIGIBLE FOR REHIRE?

EMPLOYER NAME	START DATE (mm/yyyy) END DATE (mm/yyyy)
IF CURRENT EMPLOYER – MAY WE CONTACT?	
EMPLOYER ADDRESS CITY, STATE	POSITION HELD
SALARY/WAGE	DID YOU DRIVE A VEHICLE REQUIRING A CDL?
SUPERVISOR NAME/TITLE	PHONE #
REASON FOR LEAVING?	ELIGIBLE FOR REHIRE?

EMPLOYER NAME	START DATE (mm/yyyy) END DATE (mm/yyyy)
IF CURRENT EMPLOYER – MAY WE CONTACT?	
EMPLOYER ADDRESS CITY, STATE	POSITION HELD
SALARY/WAGE	DID YOU DRIVE A VEHICLE REQUIRING A CDL?
SUPERVISOR NAME/TITLE	PHONE #
REASON FOR LEAVING?	ELIGIBLE FOR REHIRE?

For Drivers: Please outline gaps in work history and reasons below:

Reason: _____ Dates: _____

REFERENCES (please provide 3 business references – not related to you)

NAME	TITLE/COMPANY	ADDRESS	PHONE #	YEARS KNOWN

EDUCATION

Choose Highest Level Completed:	High School:	College:
Vocational Training?		

DRIVERS: Information required below complies with U.S. DOT regulations outlined in Section 391.21. In compliance with Federal & State equal opportunity laws qualified applicants are considered for employment without regard to race, color, sex, sexual orientation, national origin, age, veteran or military status or any other protected group.

DRIVER LICENSES

STATE	DRIVER'S LICENCE #	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES	APPROXIMATE # OF MILES (TOTAL)
Straight truck			
Tractor & semi-trailer			
Tractor – 2 trailers			
Other			

ACCIDENT RECORD (for the past 3 years)

DATES	NATURE OF ACCIDENT	INJURIES	FATALITIES

TRAFFIC CONVICTIONS (for the past 3 years)

DATES	LOCATION	CHARGE	PENALTY

Have you been denied a driver's license, permit or privilege to operate a motor vehicle? Yes No

Provide any special courses, training or other experience not listed on this application that would help you as a driver. _____

Which safe operating awards do you hold and from whom? _____

We are an equal opportunity employer. The company does not discriminate in the hiring or employment on the basis of race, color, religion, sex, sexual orientation, age, national origin, veteran status, disability or any other protected group status.

Read the following before signing this application: This 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. I understand that any falsification or omission will disqualify me from further consideration of employment, and/or if hired, be immediate grounds for dismissal. I authorize a thorough investigation by **Mountain Waste & Recycling** as permitted by all applicable laws to be made in connection with this application concerning my character, general reputation, personal characteristics, employment and education, any criminal record, and mode of living, whichever may be applicable. I hereby authorize the release of documents and person interviews with third parties, such as prior employers, business associates, financial resources, friends, neighbors, or others with whom I am acquainted.

I understand and agree that as a condition of initial or continued employment I will submit to such lawful examinations, pre-employment medical, substance abuse and background investigation, as may be required by the company.

If hired, I understand that my employment is at-will and can be separated at any time at the option of the company or myself.

Applicant Name (print): _____

Date: _____

Applicant Signature: _____

Date: _____