



Application for Employment

Personal Information

Date: _____

Name (Last) _____ (First) _____ (Middle) _____

Social Security Number _____ Date of Birth: _____

Present Address _____ City _____ State _____ Zip _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

How long have you lived at your current address? _____

Are you at least 23 years of age if you are applying for a position driving a company vehicle or operating heavy equipment? Yes No

Can you, after employment, submit verification of your legal right to work in the United States?

yes No

Are any of your relatives employed by any other company in the waste industry? Yes No

Have you ever been convicted of a felony? Yes NO

If yes, please explain (A felony conviction does not automatically exclude you from employment and will be considered only as it relates to your fitness to perform in the position for which you are applying)

Have you ever been convicted, pled guilty, received deferred adjudication, or had a conviction set aside in a criminal matter (including DWI or traffic offense other than non-inquiry traffic or parking)? (A response does not automatically exclude you from employment and will be considered only as it relates to your fitness to perform in the position for which you are applying) Yes No

If yes, please explain. _____

Education

High School Name: _____ Years attended _____ Graduated Yes No

College Name: _____ Years attended _____ Graduated Yes No

Trade School Name _____ Years attended _____ Graduated Yes No

Work Experience

The fact that you have filed this application will be kept strictly confidential and will not in any way be brought to the attention of your present employer without your permission. Please give an accurate and complete record of your employment below for all positions for the past 10 years.

Are you currently employed? Yes No

May we contact you at your present employer? Yes No

May we contact your present employer? Yes No

This company requires all drivers who drive our company vehicles at any time to be controlled substances/alcohol tested with a negative result prior to driving.

Do you consent to such testing? Yes No

Employment Record

Employer: _____

State Date: _____ End Date: _____

Position Held: _____ CDL Yes No

Were you subject to DOT Regulations: Yes No Were you subject to drug and alcohol testing? Yes No

Address: _____ City _____ State _____

Telephone _____

Reason for Leaving:

Employer: _____

State Date: _____ End Date: _____

Position Held: _____ CDL Yes No

Were you subject to DOT Regulations: Yes No Were you subject to drug and alcohol testing? Yes No

Address: _____ City _____ State _____

Telephone _____

Reason for Leaving:

Employer: _____

State Date: _____ End Date: _____

Position Held: _____ CDL ____ Yes ____ No

Were you subject to DOT Regulations: ____ Yes ____ No Were you subject to drug and alcohol testing? ____ Yes ____ No

Address: _____ City _____ State _____

Telephone _____

Reason for Leaving:

Employer: _____

State Date: _____ End Date: _____

Position Held: _____ CDL ____ Yes ____ No

Were you subject to DOT Regulations: ____ Yes ____ No Were you subject to drug and alcohol testing? ____ Yes ____ No

Address: _____ City _____ State _____

Telephone _____

Reason for Leaving:

Driving Experience

Type of Equipment

1) _____	Number of Years _____	Approx. Miles _____
2) _____	Number of Years _____	Approx. Miles _____
3) _____	Number of Years _____	Approx. Miles _____

Drivers Licenses Held (List all unexpired licenses or permits)

State	Commercial Drivers License Number	Exp. Date
_____	_____	_____
_____	_____	_____

If you hold a Commercial Drivers License, please list any endorsements: _____

Has your license, permit or privilege to operate a motor vehicle ever been suspended or revoked? ____ Yes ____ No

If yes, please explain _____

Driving Accidents

Accident Date	Type of Vehicle Driven	Property Damage	Personal Injury	Description of Accident
_____	_____	___ Yes ___ No	___ Yes ___ No	_____
_____	_____	___ Yes ___ No	___ Yes ___ No	_____
_____	_____	___ Yes ___ No	___ Yes ___ No	_____

Traffic Violations

Location (City, State)	Date	Type of Violation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Military (Voluntary)

Have you ever been a member of the United States Armed Forces? ___ Yes ___ No

If yes, which branch? _____

Are you now a member of the Reserves or National Guard? ___ Yes ___ No

Additional information you would like the company to consider _____

TO BE READ AND SIGNED BY APPLICANT

I UNDERSTAND AND AGREE THAT:

- 1) If driving is a requirement, my employment is subject to a satisfactory driving record which will be verified with State Department of Motor Vehicles.
- 2) Any misrepresentation of information given above or omission of material fact shall be grounds for rejection of my application or, if I am employed, termination of my employment regardless of the time elapsed before discovery.
- 3) I authorize all persons listed on the application to provide Rapid Waste Solutions of Texas LLC with any and all information related to my previous employment, education, and all other qualifications related to my potential for performance of any position with Rapid Waste Solutions of Texas, LLC. Rapid Waste Solutions of Texas, LLC or its agents may investigate my references, work record, education or other matters related to my suitability for employment. Whether same is of record or not, I hereby release The Outhouse Boys, its affiliates, agents, and employees, and all persons and institutions or lawful disclosure. I also waive any right I might have to be notified by previous employers as to their reference responses.
- 4) I authorize Rapid Waste Solutions of Texas, LL to check my criminal background and credit history.
- 5) I will furnish such additional information and complete such examinations as may be required to complete my employment application.
- 6) Nothing contained in the application is intended to create an employment contract and in no way obligates Rapid Waste Solutions of Texas, LL to employ me.
- 7) If offered employment, I will be required to successfully pass a medical examination and drug/alcohol screen. I give my voluntary consent for a blood, urine, and or oral sample to be collected from me and submitted for testing. I also consent to the release of the results of such test to The Outhouse Boys for its use. I understand that any positive drug or alcohol test may preclude my employment by Rapid Waste Solutions of Texas, LL.

Signature: _____

Date: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Rapid Waste Solutins of Texas, LLC (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report.” The consumer report may contain information regarding your criminal history and/or motor vehicle records (“driving records”), and may also contain other background information about you. As such, the consumer report may bear upon your character, general reputation, personal characteristics, and/or mode of living.

ACKNOWLEDGEMENT AND AUTHORIZATION REGARDING BACKGROUND

INVESTIGATION

I acknowledge receipt of the following documents: DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, and ADDITIONAL STATE LAW NOTICES. I certify that I have read and understand those documents.

I hereby authorize the obtaining of "consumer reports" about me by Rapid Waste Solutions of Texas, LLC ("Company") at any time during the hiring process and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by SentryLink LLC, 7500 Greenway Center Drive, Suite 1040, Greenbelt, MD 20770, (877) 736-8791 with website www.sentrylink.com, another outside organization and/or Company itself.

I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma Applicants or Employees ONLY: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California Applicants or Employees ONLY: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW, and consent to the Company receiving "Investigative Consumer Reports" (as that phrase is defined by California law). Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Printed Name (First, Middle, Last): _____

Signature: _____

Date: _____