

Drivers: Print, Fill Out and Fax the following application to Adam at (952) 492-2719

Office Staff: Email your resume to tracy@elitewastedisposal.com

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. We consider applicants without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation or any other legally-protected status.

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

Position Applying For	Today's Date
What Hours Are You Interested In Working	
If you are under age 18, can you provide required proof of your eligibility to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you legally able to be employed in the U. S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
May we contact your present or past employers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been convicted of a felony within the last 5 years? (Conviction will not necessarily disqualify you from employment) If Yes, please explain _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

	Elementary School				High School				Undergraduate College/University				Graduate/Professional				
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status:

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate / Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
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Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

<p>I certify that the answers given herein are true and complete to the best of my knowledge.</p> <p>I hereby authorize the proposed employer (the "Employer") to investigate all statements contained in this application for employment and I release any party from any claims based upon their providing information to the Employer.</p> <p>I hereby authorize Employer to conduct a criminal background search and any further investigations deemed necessary by said Employer.</p>
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I hereby authorize Employer to verify references and make other inquiries concerning any and all background information provided herein.

I hereby waive any and all claims arising out of Employers investigation of my background.

I understand and agree that any employment relationship with this organization is of an “*at will*” nature, which means that I may resign at any time and the Employer may discharge me at any time with or without cause and with or without prior notice. It is further understood that this “*at will*” employment relationship may not be changed by any verbal statement or written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

CONSENT FOR DRUG/ALCOHOL SCREEN TESTING

I, _____, have been fully informed by my potential employer of the reasons for this urine test for drug and/or alcohol. I understand what I am being tested for, the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to my potential employer and become part of my record.

I understand that this company has a Random Drug//Alcohol Testing Policy and that, if I am hired, I will be entered into their pool of employees.

If this test result is positive and for this reason I am not hired, I understand that I will be given the opportunity to explain the results of this test.

If this test result is positive and I have already been hired, I understand that I will be terminated immediately, unless I can explain the results and I am able to produce a negative result. I also understand that I will be responsible for the cost incurred for the (positive result) test and/or any re-test that is done and that this amount will be deducted from my paycheck.

I understand that the cost of this test will be paid for by Elite Waste Disposal, unless the test result is positive, as stated above.

However, I agree to pay for the cost of the drug screen and any DOT Physicals that are necessary should I decide not to take a position that is offered to me or if I do not stay employed with the company for the probationary period (90 days). I understand that the cost of the drug screen is \$58.00 and the physical is \$88.00 and that I need to reimburse the company no later than 7 days from turning down the position. I understand that they will pursue collection services to obtain this money, if I don't pay in that time.

I hereby authorize these test results to be released to:

**Elite Waste Disposal
845 Corporate Drive
Jordan, MN 55352**

Signature

Date

Witness

Date

AUTHORIZATION TO RELEASE INFORMATION

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish **Elite Waste Disposal** any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer of acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Signature

Date

Printed Name

EMPLOYEE HEALTH EVALUATION

(pre employment)

Name: _____

Address: _____

SS#: _____ - _____ - _____ Sex: _____ Date of Birth: _____

Physician: _____ Phone: _____

Have you ever: (check one)

- | Yes | No | |
|-------|-------|---|
| _____ | _____ | 1. Missed more than two weeks of work due to health or medical reasons? |
| _____ | _____ | 2. Been refused employment for health or medical reasons? |
| _____ | _____ | 3. Been awarded compensation due to an accident or injury? |
| _____ | _____ | 4. Been discharged from employment due to medical or health reasons? |
| _____ | _____ | 5. Worked dusty jobs? |
| _____ | _____ | 6. Work with asbestos? |

Please explain all answers marked yes:

Have you ever received medical treatment for: (check one)

- | Yes | No | |
|-------|-------|---|
| _____ | _____ | 1. Alcohol or substance abuse? |
| _____ | _____ | 2. A mental condition? |
| _____ | _____ | 3. Rheumatic fever or rheumatic heart disease? |
| _____ | _____ | 4. Any type of cardiac disorder? |
| _____ | _____ | 5. Fainting spells or seizures? |
| _____ | _____ | 6. Asthma, hay fever, allergies or sinus trouble? |
| _____ | _____ | 7. Stomach problems? |
| _____ | _____ | 8. Heart problems? |
| _____ | _____ | 9. Back problems? |
| _____ | _____ | 10. Blood disorders? |

Please explain all answers marked yes:

Other comments concerning your health:

Signed _____

Date _____

Motor Vehicle Report Request Form

I _____ authorize
(print name)

Elite Waste Disposal to obtain my Motor Vehicle Record prior to hire and to check it periodically thereafter. I understand that this record may contain personal information including but not limited to child support payments, alimony payments as well as information on driver violations and accidents. I further agree to report any license suspensions, serious accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive a company vehicle (or my own vehicle, if I am required to drive) after I am hired.

I understand that the Company will use this information for employment purposes only and not furnish this information to a third party without my written consent. I agree to release Elite Waste Disposal, its employees and those who supplied you with the information from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

Do You Have a Clean Driving Record? Y or N If No, Please list:

All moving violations within 3 years: _____

All alcohol related violations within 5 years: _____

Signature of Employee

Driver License Number

Date of Birth

Driver License State