



ATHENS-HOCKING RECYCLING CENTERS, INC. APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please fill out this employment application form as completely and accurately as possible. Please print or write in a legible manner.

SECTION I: PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Social Security Number: _____ Drivers License: _____ State: _____

Phone: Home: _____ Work (optional): _____

Are you under 18? Yes _____ No _____ If yes, can you obtain a work permit? Yes _____ No _____

Have you filed an application with this organization before? Yes _____ No _____ Date _____

Have you ever been employed by this organization? Yes _____ No _____

Have you been convicted of a criminal offense within the last five (5) years? Yes _____ No _____

If yes, explain _____

(NOTE: A criminal conviction will not necessarily bar an applicant from employment. Other factors such as age at the time of the offense, seriousness and nature of the act, and rehabilitation will be taken into consideration.)

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER
M/F/V/H

SECTION IV: EMPLOYMENT HISTORY

Please describe your employment history – including United States Military Service. Begin with your present or most recent employer.

May we contact these employers for references? Yes _____ No _____

| | | |
|---------------------------|---|--|
| Employer's Name | <u>Dates Employed</u> From: _____ Month/Year To: _____ Month/Year | <u>Your Job Title</u> |
| Street Address/City/State | | Beginning _____ End _____ |
| Supervisor's Name | | <u>Your Salary</u> |
| | | Beginning _____ Per Hour End _____ Per Hour |

Describe your duties, responsibilities, equipment operates, instruments used, etc.: _____

Describe your reason(s) for leaving: _____

| | | |
|---------------------------|---|--|
| Employer's Name | <u>Dates Employed</u> From: _____ Month/Year To: _____ Month/Year | <u>Your Job Title</u> |
| Street Address/City/State | | Beginning _____ End _____ |
| Supervisor's Name | | <u>Your Salary</u> |
| | | Beginning _____ Per Hour End _____ Per Hour |

Describe your duties, responsibilities, equipment operates, instruments used, etc.: _____

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| | | |
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| Street Address/City/State | | Beginning _____ End _____ |
| Supervisor's Name | | <u>Your Salary</u> |
| | | Beginning _____ Per Hour End _____ Per Hour |

Describe your duties, responsibilities, equipment operates, instruments used, etc.: _____

Describe your reason(s) for leaving: _____

(Attach additional pages if needed)

SECTION V: PROFESSIONAL REFERENCES

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____

Phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____

Phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____

Phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____

Phone: _____

SECTION VI: EXPERIENCE & QUALIFICATIONS – DRIVER

LICENSE

| Driver Licenses | State | License No. | Type | Expiration Date |
|----------------------------|-------|-------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |

- 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 A or B is yes, attach a statement giving details.

DRIVING EXPERIENCE

| Class of Equipment | Type of Equipment | From | To | Approximate Number Of Miles (Total) |
|--------------------------|-------------------|------|----|--|
| Straight Truck | | | | |
| Tractor and Semi-Trailer | | | | |
| Tractor and Two Trailers | | | | |
| Other | | | | |

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

| Dates | Nature of Accident (Rear-end, Upset, Etc.) | Fatalities | Injuries |
|-------|---|------------|----------|
| | | | |
| | | | |
| | | | |

TRAFFIC CONVICTIONS FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

As a prospective employer, we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for. But did not obtain, “safety-sensitive transportation work” (driving a commercial motor vehicle) during the past three years.

- Yes**, I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the three years preceding the date of this application.
- No**, I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the three years preceding the date of this application.

DOT regulations prohibit our utilizing you to perform a "safety-sensitive function" (driving a commercial motor vehicle) if you had a positive test, or a refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations

To be read and signed by Applicant

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 KNOWLEDE.

(I hereby attest that the information provided on this employment application (and accompanying resume, if any) is true, accurately and complete to the best of my knowledge. I understand that any misrepresentation, falsification or significant omissions of information may disqualify me from further consideration for employment, and may be considered as grounds for dismissal if discovered following employment.)

Today's Date: _____ Applicant Signature: _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.