

WEST CENTRAL SANITATION

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

				Date _____	
Name _____					
Last		First		Middle	
				Maiden	
Present address _____					
Number		Street		City	
				State	
				Zip	
How long _____					
Telephone (____) _____			If under 18, please list age _____		
e-mail _____					

EMPLOYMENT DESIRED

Position(s) applied for _____		Days/hours available to work: _____	
Salary desired _____		_____	
How many hours can you work weekly? _____ Can you work evenings? _____			
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME			
When are you available to start work? _____			

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Professional or Graduate School				

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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<div style="border: 1px solid black; padding: 5px;"> <p><u>DRIVERS LICENSE INFORMATION: All licenses held, last 3 years:(Driver applicants only)</u></p> <p>State _____ Number _____ Exp. Date _____</p> <p>State _____ Number _____ Exp. Date _____</p> <p>State _____ Number _____ Exp. Date _____</p> <p>License Class _____ Endorsements _____</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p><u>DRIVING EXPERIENCE: Type of Vehicle DATES NUMBER OF MILES</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"></td> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;">to</td> <td style="width: 40%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: center;">to</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: center;">to</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> </div> <div style="border: 1px solid black; padding: 5px;"> <p><u>DRIVING RECORD: All accidents, last 3 years (If none, write NONE)</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">Date</td> <td style="width: 45%; border-bottom: 1px solid black;">Description</td> <td style="width: 20%; border-bottom: 1px solid black;">Injuries</td> <td style="width: 20%; border-bottom: 1px solid black;">Fatalaties</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date</td> <td style="border-bottom: 1px solid black;">Description</td> <td style="border-bottom: 1px solid black;">Injuries</td> <td style="border-bottom: 1px solid black;">Fatalaties</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date</td> <td style="border-bottom: 1px solid black;">Description</td> <td style="border-bottom: 1px solid black;">Injuries</td> <td style="border-bottom: 1px solid black;">Fatalaties</td> </tr> </table> <p><u>LIST ALL TRAFFIC VIOLATIONS/CONVICTIONS LAST 3 YEARS (If none, write NONE)</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">Date</td> <td style="width: 35%; border-bottom: 1px solid black;">Violation</td> <td style="width: 15%; border-bottom: 1px solid black;">State</td> <td style="width: 35%; border-bottom: 1px solid black;">Commercial Vehicle: Yes/No</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date</td> <td style="border-bottom: 1px solid black;">Violation</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">Commercial Vehicle: Yes/No</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date</td> <td style="border-bottom: 1px solid black;">Violation</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">Commercial Vehicle: Yes/No</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date</td> <td style="border-bottom: 1px solid black;">Violation</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">Commercial Vehicle: Yes/No</td> </tr> </table> <p>Have you ever had any drivers license denied, revoked or suspended? Yes/No</p> <p>If yes, explain: _____</p> </div>					to			to			to		Date	Description	Injuries	Fatalaties	Date	Description	Injuries	Fatalaties	Date	Description	Injuries	Fatalaties	Date	Violation	State	Commercial Vehicle: Yes/No	Date	Violation	State	Commercial Vehicle: Yes/No	Date	Violation	State	Commercial Vehicle: Yes/No	Date	Violation	State	Commercial Vehicle: Yes/No
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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
Did you complete this application yourself	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, who did? _____		

Have you ever been in the armed forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specialty _____ Date Entered _____ Discharge Date _____		
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, can you provide proof of U.S. citizenship or proof of your legal right to live and work in this country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with this company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when? _____		
Do you have any friends or relatives employed by this company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide their names and relationship to you. _____		
If hired, would you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to perform the essential functions and duties of the job for which you are applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, please describe the functions or duties you are unable to perform. _____		

REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

APPLICATION FORM WAIVER

Please read each paragraph closely, initial each, and sign below

Initial	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any other document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
Initial	I hereby authorize West Central Sanitation to thoroughly investigate my references, work records, education, driving record, credit history, criminal background and other matters related to my suitability for employment. I further authorize the employers, schools and other references I have listed to disclose to West Central Sanitation any and all documents, transcripts, letters, reports and other information related to these references, without giving me prior notice of such disclosure. I hereby release West Central Sanitation, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.
Initial	I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and West Central Sanitation, other than one that is "at will." I understand and agree that if I am employed, my employment will be of an "at will" nature, whereby either the employee or the employer may terminate the employment relationship at any time, with or without cause or notice. I further understand that my employment, if hired, is for no definite or determinable period of time and may be terminated at any time, at the option of either myself or West Central Sanitation, and that no promise or representation contrary to the foregoing is binding on the company unless made in writing and signed by me and the company's designated representative.

Signature of applicant: _____ Date: _____

West Central Sanitation is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with West Central Sanitation depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

A COPY OF THIS FORM MAY SERVE AS THE ORIGINAL



4089 ABBOTT DRIVE

PO BOX 796

WILLMAR, MINNESOTA 56201

(320) 235-7630

FAX (320) 235-5715

ANNUAL REVIEW OF DRIVING RECORD

NAME OF DRIVER: _____

DRIVER ADDRESS: _____

Number & Street

City

State

Zip

SOCIAL SECURITY # : _____ DATE OF EMPLOYMENT: **PENDING**

DRIVER'S LICENSE # : _____ EXP DATE: _____



ANNUAL REVIEW



NEW APPLICANT

INSTRUCTIONS TO CARRIER: Review the driving record of the employee in accordance with Section 391.25 and as outlined below. Complete the Certificate of Review as listed. Any remarks may be shown on the reverse side.

In accordance with Department of Transportation Section 391.25, a motor carrier shall, at least once every 12 months, review the driving record of each driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant of Section 391.15.

In reviewing a driving record, the motor carrier must consider any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. The motor carrier must also consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

The following named person has made application with us for employment as a driver. The applicant has indicated that the below numbered operator's licenses has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23 (a) (1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding three (3) years of every State in which an applicant-driver has held a motor vehicle operator's license during those three (3) years.

Therefore, please certify to us what the individual's driving record is for the preceding three (3) years, or certify that no record exists if that be the case.

I hereby authorize you to release the following information to **West Central Sanitation Inc..** for the purposes of investigation as required by Section 391.25 or 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

Applicant Signature

Date

Authorized Employer Signature

Date

CONFIDENTIAL – INQUIRY TO PAST EMPLOYER

(as required by 49 CFR 40.25 & 49 CFR 391.23)

To: _____
Former Employer

Mailing Address

City, State, Zip

Telephone

Date: _____

Fax

I, _____, hereby authorize _____ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I hereby release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant Signature _____ Date _____

Witness's Signature _____ Date _____

REQUEST FROM:

Company Name: West Central Sanitation

Address / City / State / Zip: PO Box 796 Willmar, MN 56201

Contact Person & Title: Stephanie Holme, Human Resources Administrator

Telephone Number: 1-800-246-7630 Fax Number: 320-235-5715

Name of Applicant: _____ SSN: _____

Job Applying For: _____

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

Did applicant work for you as a _____ from ____/____/____ to ____/____/____ YES or NO
If NO, please explain.

If employed as driver, please answer the following:

Company Driver? ____ Owner/Operator? ____ Other? ____

Type of truck(s) and/or truck/tractor(s) operated: _____

Commodities transported: _____ Area of operation: _____

Accidents? YES or NO If YES, please give dates and brief description of each accident?

Why did this employee leave your company?

Would you re-employ this person? YES or NO If NO, please explain.

Additional comments:

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS

Alcohol tests with a result of 0.04 or greater? YES or NO If YES, please give dates: _____

Verified positive controlled substances test results?

YES or NO If YES, please give dates: _____

Refusal to be tested

YES or NO If YES, please give dates: _____

Was rehabilitation completed as required?

YES or NO If YES, please give dates: _____

Signature of person providing above information: _____

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by circling the appropriate response:

Characteristics **Excellent** **Good** **Fair** **Poor**

Disposition, Tact, Ability to get along with others **Excellent** **Good** **Fair** **Poor**

Initiative, Resourcefulness **Excellent** **Good** **Fair** **Poor**

Safety Habits **Excellent** **Good** **Fair** **Poor**

Driving Skills **Excellent** **Good** **Fair** **Poor**

Attitude **Excellent** **Good** **Fair** **Poor**

Loyalty **Excellent** **Good** **Fair** **Poor**

Any other remarks:

Signature: _____

Title: _____

Date: _____

Maintain this information in the driver qualification file for three years after the person's employment by the motor carrier ceases.