#### WEST CENTRAL SANITATION APPLICATION FOR EMPLOYMENT

#### 4089 ABBOTT DRIVE - PO BOX 796 - WILLMAR, MN 56201

# **PERSONAL INFORMATION** – Incomplete information could disqualify you from further consideration. Please complete all fields.

Name:						
Last	First		Middle		Any Other Name	e Used
Current Address:						
Number	Street		Ci	ty	State	Zip
Previous if less than 3 years						
	Number	Street	Cit	ty	State	Zip
How long at current address	:	<u> </u>	Are you eligib	le to work in	the U.S.? Yes _	No
Telephone: <u>()</u>			Are you at lea	ast 18 years o	or older? Yes	_ No
E-mail:		· · · · · · · · · · · · · · · · · · ·	lf no, you may b	be required to	o provide authori	zation to work.
Are you a high school gradu	ate or equiv	alent? Yes	No			
Have you ever been termina	ated from em	ployment o	or asked to resign l	by an employ	/er? Yes No	·
If yes, please provide termir	ation details	below:				
Can you work any shift? Yes	s No	_ If no, exp	lain:			
Can you work overtime, incl	uding evenir	ngs and we	ekends? Yes	No		
Are you able to perform the reasonable accommodation			he job for which yo	u are applyir	ig, with or withou	ut a
If hired, would you have relia	able means	of transpor	tation to and from	work? Yes _	No	
Did you complete this applic	ation yourse	elf? Yes	_ No			

### **EMPLOYMENT DESIRED**

Position Desired / Applied For:		
Employment Desired (mark one): Full Time Only	_ Part Time Only	Full Time or Part Time
Date when you are available to start:	Hourly Rate / Salary Desired: _	· · · · · · · · · · · · · · · · · · ·
Are you currently employed? Yes No If so, r	may we contact your current em	ployer? Yes No

#### **EDUCATION**

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DEGREE RECEIVED	SUBJECTS STUDIED / MAJOR
High School				
College				
Business or Trade School				
Professional or Graduate School				

### **EMPLOYMENT HISTORY / WORK EXPERIENCE**

Please list your work experience for the past ten years, beginning with your most recent job and working backwards in time. If you were self-employed, give company name. Attach additional pages if necessary.

Name of Employer: Address: City, State, Zip: Phone Number:	Name of Immediate Supervisor	Employment Dates	
		From:	То:
	Job Title:		
Reason for Leaving (be specific):	·		
Summarize the nature of the work performed, job respor promotions while you worked at this company.	sibilities, skills used or l	learned, and adv	ancements or
Was this a safety sensitive position? Yes No			
Were you subject to Federal Motor Carrier Safety Regula	ations? Yes No		
Name of Employer: Address:	Name of Immediate Supervisor	Employment D	ates
City, State, Zip: Phone Number:		From:	То:
	Job Title:		
Reason for Leaving (be specific):			
Summarize the nature of the work performed, job respor promotions while you worked at this company.	sibilities, skills used or l	learned, and adv	ancements or
Was this a safety sensitive position? Yes No			
Were you subject to Federal Motor Carrier Safety Regula	ations? Yes No		
Name of Employer: Address:	Name of Immediate Supervisor	Employment D	ates
City, State, Zip: Phone Number:		From:	То:
	Job Title:		
Reason for Leaving (be specific):			
Summarize the nature of the work performed, job responsibilities, skills used or learned, and advancements or promotions while you worked at this company.			
Was this a safety sensitive position? Yes No			
Were you subject to Federal Motor Carrier Safety Regulations? Yes No			

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Name of Employer: Address:	Name of Immediate Employment Dates Supervisor		Dates
City, State, Zip: Phone Number:		From:	То:
	Job Title:		
Reason for Leaving (be specific):			
Summarize the nature of the work performed, job respon promotions while you worked at this company.	sibilities, skills used or le	arned, and adv	vancements or
Was this a safety sensitive position? Yes No			
Were you subject to Federal Motor Carrier Safety Regulations? Yes No			
ADDITIONAL INFORMATION			
Do you have any special skills, experience, training and / perform the position applied for? If yes, please explain.			
How did you hear about us? Walk-In Advertisement Have you ever been employed with this company previou Do you have any friends or relatives employed by this co If yes, please provide their names and relationship to you	usly? Yes No mpany? Yes No	-	c Other

## 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:

## DRIVER APPLICANTS ONLY:

State	Number		Exp. Date
State	Number		Exp. Date
State	Number		Exp. Date
License Class	Endorsements_		
DRIVING EXPERIENCE: Type of Vehicle		Dates	Number of Miles
		to	
		to	

#### **APPLICATION 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, safety performance history records (per 49 CFR 391.23) 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, and for any reason, 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.
Initial	I understand that per 49 CFR 382.301, all safety sensitive positions require pre-employment drug screening as part of the DOT and FMCSA background check process. Therefore, I authorize the administration of the drug screen and consent to submit to the required drug screen upon request.
Signatu	ure of Applicant: Date:

This application is valid for only 90 days from the date above, however it may be kept on file for up to 1 year.

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 (including sexual harassment), sexual orientation, marital status, national origin, citizenship status, ancestry, age, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law. 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