

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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	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.

DRIVERS LICENSE INFORMATION: All licenses held, last 3 years:(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 _____

_____ to _____

DRIVING RECORD: All accidents, last 3 years (If none, write NONE)

Date _____ Description _____ Injuries _____ Fatalities _____

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LIST ALL TRAFFIC VIOLATIONS/CONVICTIONS LAST 3 YEARS (If none, write NONE)

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

Have you ever had any drivers license denied, revoked or suspended? Yes/No

If yes, explain: _____

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
or proof of your legal right to live and work in this country?		
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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
of the job for which you are applying?		
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

Release of DOT/ FMCSA Drug and Alcohol Testing Information

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed below, to the prospective employer listed below. This information may also be released to the employer's authorized background check vendor, Concorde, Inc. 1835 Market St., Philadelphia, PA 19103 – 215-563-5555. This release is in accordance with DOT Regulations 49 CFR Parts 40.25, 40.321, 391.23. I understand that the drug and alcohol testing information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items: 1. Alcohol tests with a result of 0.04 or higher; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Information obtained from previous employers of a drug and alcohol rule violation; 6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Release of FMCSA Driving and Safety Information

I hereby authorize release of information from my Department of Transportation driving and safety records by my previous employer, listed below, to the prospective employer listed below. This information may also be released to the employer's authorized background check vendor, Concorde, Inc. 1835 Market St., Philadelphia, PA 19103 – 215-563-5555. This release is in accordance with DOT Regulation 49 CFR Part 391.23. The information to be released will include my driving safety history and the items identified at 49 CFR 391.23.

Employee/Applicant Printed or Typed Name: _____

SS or ID Number: _____ Phone _____

Employee Signature: _____ Date: _____

Prospective Employer Name: _____

Address: _____

Previous Employer Name: _____

Address: _____

Motor Vehicles Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:**

Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date _____

Notes: _____

(This form is not required for DOT compliance)

IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

1. In connection with your application for employment with **West Central Sanitation** ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize **West Central Sanitation ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.**

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication. You may obtain more information about the FCRA, including information on rights under your state's law which may be greater than under the FCRA, at www.ftc.gov/credit. You may report violations to the Office of Financial Management, Department of Transportation, Washington, DC 20590 (202) 366-1306.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

List Your Former Addresses for Last 7 years - Street/City Zip

A COPY OF THIS DOCUMENT MAY SERVE AS THE ORIGINAL

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT AND AUTHORIZATION

Disclosure

It is **West Central Sanitation** company policy to perform certain background checks of its employees and applicants. This may include checking your previous employment, criminal and civil history, drug/alcohol test records, educational records, driving records, credit, etc. The report may contain information on your character, general reputation, personal characteristics and mode of living. Thus you may be the subject of a "consumer report" or an "investigative consumer report". The latter is obtained through personal interviews. We will use this information as part of the basis for our decision regarding your employment. This means that your former employers and others may be contacted and a search of public and private records made. We may not obtain this information without your express written consent. You do not have to consent; however, you will not be eligible for employment unless you agree to permit us to obtain this information. To help us obtain this information we sometimes use a consumer reporting agency. That agency is Concorde, Inc., 1835 Market Street, 12th Floor, Philadelphia, PA 19103, 215-563-5555 or 888-805-8885; www.concorde2000.com. In the event that we intend to make an adverse decision based on any information obtained, we will tell you and provide you with a copy of what we obtain; we will also provide a copy of your rights in the form prescribed by the Consumer Financial Protection Bureau. If you would like a copy of any report that we receive, you can obtain a copy by making that request to us in writing at this time.

Acknowledgement and Authorization

I acknowledge receipt of A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. I authorize Company and Concorde to make lawful inquiries, including of my prior employers, and other entities and persons to verify my suitability for employment. I further authorize Company and Concorde to make these inquiries when required by one of Company's customers. This may include requests for information regarding my criminal, civil and motor vehicle records. I authorize the release of this information by any prior employer and anyone else having information or documentation about me to Company and Concorde. I authorize Concorde or other consumer reporting agencies to provide consumer and investigative consumer reports to you. I agree that so long as I remain employed by the above named employer, that this Disclosure and Authorization shall remain in effect; accordingly it shall not be necessary for me to sign a new Disclosure and Authorization.

☐ California, Minnesota and Oklahoma Applicants/Employees: Check the box if you want to receive a copy of any report

California Applicants/Employees: By signing below, you also acknowledge receipt of a copy of the CALIFORNIA NOTICE REGARDING BACKGROUND INVESTIGATION

New York Applicants/Employees: You have a right to receive a copy of any report by contacting Concorde directly. By signing below, you acknowledge receipt of a copy of New York Correction Law Article 23-A.

Printed Name of Applicant/Employee _____ Date of Birth _____ Social Security Number _____

Signature _____ Date _____ Telephone Number _____

List Your Current Addresses - Street/City Zip _____

List Your Former Addresses for Last 7 years - Street/City Zip _____

A COPY OF THIS DOCUMENT MAY SERVE AS THE ORIGINAL

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.



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./Lee Murphy 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

Supervisor/Manager Signature

Date