

# Military Waste Management, Inc.

*Military Waste Management, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, ancestry, age, sex, marital status, national origin, disability or handicap, veteran status, or any other characteristic protected by law.*

## Application for Employment

**General Information:**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

If you have been known and worked by another name, please indicate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number/Name Apt# (if applicable) City, State, Zip Code

Telephone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

How did you learn about our company?  Employee (name of employee) \_\_\_\_\_

Newspaper  Internet  Other (please describe) \_\_\_\_\_

Are you eligible to work in the United States  Yes  No If no, please explain: \_\_\_\_\_

Position(s) for which you are applying: \_\_\_\_\_

Check the boxes below for availability:

Full-Time  Part-Time  Days  Evenings  Nights

When are you available to begin work? \_\_\_\_\_

Salary requirements: \$ \_\_\_\_\_  hourly  annually

Do you have reliable transportation to work?  Yes  No

Have you ever been convicted of a crime?  Yes  No If yes, please explain when, what the conviction was for and the sentence imposed: \_\_\_\_\_

# Military Waste Management, Inc.

## Application for Employment (continued)

**Drivers:** Are you applying for a driving position? Yes No If yes, please answer the questions below: *If no, please skip to the next section.*

Drivers' License number: \_\_\_\_\_ State of issue: \_\_\_\_\_

Type of license: Operator Commercial (CDL) Chauffeur

Have you had any accidents in the past three years? Yes No If yes, how many: \_\_\_\_\_

Have you had any moving violations in the past three years?  Yes No If yes, how many: \_\_\_\_\_

---

---

**References:** Please list three (3) professional references (not related to you) we may contact.

1) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Years known: \_\_\_\_\_ Profession: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Years known: \_\_\_\_\_ Profession: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Years known: \_\_\_\_\_ Profession: \_\_\_\_\_

Do you currently have any relatives employed by Military Waste Management Inc.?

Yes No If yes, who? \_\_\_\_\_

**Qualifications:** Please describe your skills and qualifications

---

---

---

---

---

---

---

---

# Military Waste Management, Inc.

## Application for Employment (continued)

**Employment History:** List your last three (3) employers below, starting with your current or most recent employer.

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number / Name City, State, Zip Code

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_ Description of duties: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ May we contact?  Yes  No

Employed from: \_\_\_\_\_ To: \_\_\_\_\_

Ending Salary: \$ \_\_\_\_\_  hour  month  year

Reason for Leaving: \_\_\_\_\_

=====

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number / Name City, State, Zip Code

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_ Description of Duties: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_

Ending Salary: \$ \_\_\_\_\_  hour  month  year

Reason for Leaving: \_\_\_\_\_

=====

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number / Name City, State, Zip Code

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_ Description of duties: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_

Ending Salary: \$ \_\_\_\_\_  hour  month  year

Reason for Leaving: \_\_\_\_\_

**Education:** List schools, colleges or universities you have attended below:

Name of Institution: \_\_\_\_\_

Degree, Diploma or Certificate: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Did you graduate?  Yes  No

Name of Institution: \_\_\_\_\_

Degree, Diploma or Certificate: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Did you graduate?  Yes  No

Name of Institution: \_\_\_\_\_

Degree, Diploma or Certificate: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Did you graduate?  Yes  No

# Military Waste Management, Inc.

## Application for Employment (continued)

### Applicant Acknowledgement:

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Military Waste Management, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Military Waste Management, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for withdrawal or if already employed, termination of employment.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer including any pre-employment drug screening and/or physical exam. I further understand neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

I understand it is the policy of Military Waste Management, Inc. not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons' need for a reasonable accommodation as required by the ADA.

I understand if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of beginning employment. Failure to submit such documentation within the required time frame shall result in immediate termination of employment.

I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

I have fully read, or had read to me, and fully understand the above acknowledgment.

---

Applicant Printed Name

---

Applicant Signature

---

Date