

Employment Application

We consider applicants for all positions on the basis of qualifications and without regard to race, color, creed, religion, sex, sexual orientation, ancestry, age, marital status, national origin, disability or handicap, or veteran status.

PLEASE PRINT

Position(s) Applying for: _____	Date of Application: _____
Rate of Pay (Hourly) Expected: _____	

Last Name, First Name, Middle Name
Address (Number, Street, City, State, Zip Code)
Telephone Number(s) where we can contact you: Home: () Message #: () Email address _____
Social Security Number (optional) _____
How were you referred? _____

Are you available to work: (Mark all that apply)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Early Mornings |

Are there hours you cannot work?

Are you over 18 years old? Yes No

Have you ever been convicted of a felony? Yes No

If yes, Explain: _____

Have you ever applied with this company before? Yes No

If yes, please give date: _____

Have you ever been employed with this company before? Yes No

If yes, please give date: _____

Are you currently employed? Yes No

May we contact your present and past employers for references? Yes No

Are you legally qualified to work in the United States? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

EDUCATION

	Elementary School	High School	Technical School	College	Other
School Name and Location					
Years Completed	4 5 6 7 8	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma Degree		Yes No	Yes No	Yes No	
Major Course(s) of Study					

EMPLOYMENT HISTORY (Start with your present or most recent position)

Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From: Month/Day/Year	To: Month/Day/Year	Beginning Rate of Pay	Final Rate of Pay
Describe the Work Performed			
Reason for Leaving			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From: Month/Day/Year	To: Month/Day/Year	Beginning Rate of Pay	Final Rate of Pay
Describe the Work Performed			
Reason for Leaving			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From: Month/Day/Year	To: Month/Day/Year	Beginning Rate of Pay	Final Rate of Pay
Describe the Work Performed			
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Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From: Month/Day/Year	To: Month/Day/Year	Beginning Rate of Pay	Final Rate of Pay
Describe the Work Performed			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

REFERENCES

Give name, address, and telephone number of three business references who are not related to you.

1. _____

2. _____

3. _____

DRIVING INFORMATION (FOR ALL PERSONS WHO WILL OPERATE COMPANY VEHICLES)

Current Motor Vehicle Operator's License Number: _____

State of Issue: _____

Previously Licensed State: _____

Restrictions to License and/or Special Endorsements _____

Has your license ever been:

- Revoked _____
 Date Location
- Suspended _____
 Date Location

If yes, explain reason:

List vehicle accidents in last 5 years:

List moving violations in last 5 years:

Have you ever been convicted of: Drunken driving Reckless driving Vehicular homicide

If yes, give dates and description: _____

NOTICE TO APPLICANT AND CLARIFICATION STATEMENT

READ BEFORE SIGNING

If you are offered employment by Lewis Clark Recyclers, Inc., the offer of employment will be contingent upon the satisfactory results of confidential pre-hiring drug and alcohol, background check and a functional capacity evaluation. Lewis Clark Recyclers, Inc. will pay the cost of these procedures. If you do not want to take the stated pre-hiring screenings, you should withdraw your application.

I give my consent to any doctor, hospital, or testing laboratory to conduct the pre-hiring drug and alcohol screening (including my giving of a urine specimen) and to having results released to Lewis Clark Recyclers, Inc. to be used as one of many factors to determine my qualification to perform job-related duties now and in the future.

I give my consent to Lewis Clark Recyclers, Inc. and/or its agents to conduct a full personal background check including but not limited to Former Employment, Department of Motor Vehicles, Federal, Criminal & Civil and other personal records such as credit history if applicable.

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 Lewis Clark Recyclers, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Lewis Clark Recyclers, 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 dismissal.

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. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either the Employer or I may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____