



TRASH AWAY

8390-D TERMINAL ROAD | LORTON, VIRGINIA 22079
P 703.339.4560 | F 703.339.4563 | JOBS@TRASHAWAY.COM

Employment Application

APPLICANT INFORMATION

Last Name:	First Name:	M.I.:	Date:
Street Address:		Apartment/Unit #:	
City:	State:	ZIP:	
Phone:	Cell Phone:	Email Address:	
Date Available:	Desired Salary:		
Position Applied for	Temporary <input type="checkbox"/>	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
	Driver <input type="checkbox"/>	Helper <input type="checkbox"/>	Other <input type="checkbox"/>

Have you ever worked for this company? YES NO If so, when?

EDUCATION

High School:		Address:		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree
College:		Address:		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree
Other:		Address:		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree

REFERENCES

Please list three professional references.

Full Name:	Relationship:
Phone: ()	Company:
Full Name:	Relationship:
Phone: ()	Company:
Full Name:	Relationship:
Phone: ()	Company:

PREVIOUS EMPLOYMENT Please list your employers for the past three (3) years, starting with the most recent. Drivers must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

May we contact your current employer? YES NO

MOST RECENT OR CURRENT EMPLOYER		DATE	
Name:		From: Mo. Yr.	To: Mo. Yr.
Address:		Position Held:	
City	State Zip	Salary/Wage:	
Contact Person:	Phone Number:	Reason For Leaving:	
Drivers Only: Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER #2		DATE	
Name:		From: Mo. Yr.	To: Mo. Yr.
Address:		Position Held:	
City	State Zip	Salary/Wage:	
Contact Person:	Phone Number:	Reason For Leaving:	
Drivers Only: Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER #3		DATE	
Name:		From: Mo. Yr.	To: Mo. Yr.
Address:		Position Held:	
City	State Zip	Salary/Wage:	
Contact Person:	Phone Number:	Reason For Leaving:	
Drivers Only: Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER #4		DATE	
Name:		From: Mo. Yr.	To: Mo. Yr.
Address:		Position Held:	
City	State Zip	Salary/Wage:	
Contact Person:	Phone Number:	Reason For Leaving:	
Drivers Only: Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT HISTORY – CONTINUED

EMPLOYER #5			DATE	
Name:			From: Mo. Yr.	To: Mo. Yr.
Address:			Position Held:	
City	State	Zip	Salary/Wage:	
Contact Person:		Phone Number:	Reason For Leaving:	
Drivers Only: Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				
EMPLOYER #6			DATE	
Name:			From: Mo. Yr.	To: Mo. Yr.
Address:			Position Held:	
City	State	Zip	Salary/Wage:	
Contact Person:		Phone Number:	Reason For Leaving:	
Drivers Only: Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				
EMPLOYER #7			DATE	
Name:			From: Mo. Yr.	To: Mo. Yr.
Address:			Position Held:	
City	State	Zip	Salary/Wage:	
Contact Person:		Phone Number:	Reason For Leaving:	
Drivers Only: Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulate mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

***** **ATTACH SHEET IF MORE SPACE IS NEEDED FOR ANY SECTION OF EMPLOYMENT APPLICATION** *****

MILITARY SERVICE

Branch	From To
Rank at Discharge	Type of Discharge

If other than honorable, explain

CRIMINAL CONVICTIONS

Have you, within the last seven years, been convicted of or pled guilty or nolo contendere (no contest) to a felony crime? (Convictions that have been expunged, sealed or legally eradicated need not be listed). YES NO

If yes, state the nature of the crime(s), when and where convicted and the disposition of the case. A conviction will not necessarily disqualify you from employment. The nature of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may be considered. _____

ADDITIONAL INFORMATION REQUIRED FROM DRIVERS

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

List states operated in for the last five (5) Years: _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	Yes · No ·	CIRCLE TYPE OF EQUIPMENT (Van, tank, flat, etc.)	DATES		APPROX. NO. OF MILES
			FROM	TO	
Straight Truck	Yes · No ·				
Tractor and Semi Trailer	Yes · No ·				
Tractor-Two Trailers	Yes · No ·				
Tractor-Three Trailers	Yes · No ·				
Other					

ACCIDENT RECORD - FOR PAST 3 YEARS OR MORE. IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	FATALITIES	NO. of INJURIES	HAZARDOUS MATERIALS SPILL? YES NO
<i>Last</i>				YES NO
<i>Next</i>				YES NO
<i>Next</i>				YES NO

TRAFFIC CONVICTIONS/FORFEITURES

FOR THE PAST 3 YRS, OMIT PARKING VIOLATIONS. IF NONE, WRITE NONE

STATE OF VIOLATION	DATE CONVICTED	CHARGE / VIOLATION	PENALTY (forfeited bond, collateral and/or points)

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES _____ NO _____ IF YES, EXPLAIN: _____

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?

YES _____ NO _____ IF YES, EXPLAIN: _____

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN AT THE BOTTOM OF THE PAGE.

I hereby authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purposes of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and.
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I understand that in connection with my application for employment, depending upon the position for which I have applied, any offer of employment is conditioned upon my taking and passing a post-offer/pre-employment drug test and, if necessary for the position for which I have applied, a post-offer/ pre-employment medical examination. I understand that I may refuse to take any required pre-employment drug test and/or medical examination, but that if I do, any offer of employment will be immediately withdrawn.

Can you perform the essential functions of this job, with or without reasonable accommodation? YES No

Can you meet the attendance requirements of this job? YES No

IF HIRED, YOU WILL BE ASKED TO PROVIDE PROOF OF LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES.

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT SAME AS CONDITIONS OF MY EMPLOYMENT WITH COMPANY.

This application, when completed and signed, becomes the property of Company.

Applicant Signature: _____

Date: _____

Print Name: _____