



INC

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Application for Employment

Applicants for employment are considered without regard to race, color, religion, religious creed, sex, pregnancy, sexual orientation, marital status, results of genetic testing, ancestry, national origin, citizenship, age, past or present disability, history of mental disorder, mental retardation, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard.

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In Employment Agency

On-Line Company Web Site Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP

Telephone () _____ Email Address: _____

Are you under 18? Yes No

If employed and you are under 18, can you furnish a work permit? Yes No

Have you previously filed an application here? Yes No

If yes, give date _____

Have you ever been employed here? Yes No

If yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

If No, why? _____

(Proof of authorization to work and of your identity will be required upon employment)

On what date would you be available for work? _____

Are you available to work Full Time Part Time Shift Work Temporary Over Time

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No Drivers License: Yes No

Lic.# _____ State of Issue: _____ Class: _____ Expiration Date: _____

COMPLETE THIS SECTION ONLY IF CHECKED

Indicate what languages (including English) you speak, read, and/or write.

	FLUENTLY	GOOD	FAIR
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES

Give name, address and telephone number of three references who are not related to you. (previous employers preferred)

NAME	ADDRESS	PHONE NUMBER

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience _____

Employment Experience

Start with your present or last job. Include military service assignments and any verified work performed on a volunteer basis. You may exclude organization names which indicate race, creed, color, religion, sex, sexual orientation, marital status, results of genetic testing, national origin, age, disability, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard.

Employer	Phone	Work Performed
Address	FAX	
City, State, Zip		
Job Title		
Supervisor		
Reason for Leaving		
Employer	Phone	Work Performed
Address	FAX	
City, State, Zip		
Job Title		
Supervisor		
Reason for Leaving		

Employer	Phone	Work Performed
Address	FAX	
City, State, Zip		
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Reason for Leaving		
Employer	Phone	Work Performed
Address	FAX	
City, State, Zip		
Job Title		
Supervisor		
Reason for Leaving		

How many days were you absent from your last job?	
How many Mondays or Fridays were you absent in the last 12 months (other than vacation/holidays)?	

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

Education

	Elementary	High School	College/University	Graduate/Professional
Name of School				
Years Completed (please Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra- Curricular Activities:				

Honors Received:

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. **I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either me or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.**

I understand that false or misleading answers or statements, or significant omissions made by me on this application shall be sufficient cause for denial of employment or termination of employment.

Signature of Applicant

Date



PRE-EMPLOYMENT URINALYSIS CONSENT FORM

I understand that, as required by company policy, all prospective employees must submit to a controlled substance test.

A urine sample will be collected and tested for controlled substances.

I also understand that if I test positive for use of controlled substances, my application for employment will be rejected and any offer of employment will be withdrawn.

The results of the drug test will be maintained by the Medical Review Officer for the company who will report the test results were negative or positive to the company. The results will not be released to any additional parties without my written authorization.

Applicant's signature

Date

Print applicant's name