

PATRIOT DISPOSAL, INC.
P.O. BOX 3219
MANASSAS, VIRGINIA 20108
703-257-7100



Application for Employment

PATRIOT DISPOSAL, INC. IS AN EQUAL OPPORTUNITY EMPLOYER. ALL CANDIDATES WILL BE EVALUATED ON THE BASIS OF THEIR QUALIFICATIONS FOR THE JOB IN QUESTION. STATE AND FEDERAL LAW PROHIBIT DISCRIMINATION ON THE BASIS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, AGE (AS DEFINED BY LAW) AND/OR DISABILITY. PLEASE ADVISE US IF ANY ACCOMMODATIONS ARE REQUIRED TO ASSIST YOU IN THE APPLICATION PROCESS. THIS APPLICATION WILL BE ACTIVE FOR 90 DAYS. APPLICANT MUST REAPPLY THEREAFTER.

Applicant Name: _____ Today's Date: _____

Current Address: _____
Street City State Zip Code

Previous Address: _____
Street City State Zip Code

Phone Number: _____ Date of Birth: _____ Social Security Number: _____

In Case of Emergency Notify: _____
Name Phone Number

Referred By: _____

Date Available to Begin Work: _____ Rate of Pay Expected: _____

Position Desired: _____ Other Position's Considered: _____

Are You Authorized to Work in the U.S.?	Yes ___	No ___	
Have You Ever Worked for Patriot Disposal, Inc.?	Yes ___	No ___	If Yes, When?
Have You Ever Been Convicted of a Felony?	Yes ___	No ___	If Yes, Explain:
Are You Currently Employed?	Yes ___	No ___	If No, Explain:

Please Note the Following: Conviction of a crime will not automatically disqualify you from being considered as a candidate for employment.

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Last School Attended: _____
Name City State Phone

MILITARY EXPERIENCE

Have You Ever Served in the U.S. Armed Forces?	Yes ___	No ___	If Yes, Which Branch of Service:
Are You Currently Serving in the Military Reserves?	Yes ___	No ___	
Are You Currently Serving in the National Guard?	Yes ___	No ___	

DRIVERS LICENSE INFORMATION

Have You Ever Been Denied A License, Permit or Privilege to Operate a Motor Vehicle?	Yes ___	No ___
Has Your License, Permit or Privilege to Operate a Motor Vehicle Been Suspended or Revoked?	Yes ___	No ___
Have You Ever Been Disqualified for Violations of the Federal Motor Carrier Safety Regulations?	Yes ___	No ___
Do You Have A Pending Charge for Driving Under the Influence of Alcohol?	Yes ___	No ___
Do You Have A Pending Charge for Driving Under the Influence of a Controlled Substance?	Yes ___	No ___
Do You Have A Pending Charge for Possession of a Controlled Substance?	Yes ___	No ___
Do You Have A Pending Charge for a Felony Offense?	Yes ___	No ___

Please Note the Following: If you answered "YES" to any of the above regarding Licensing, further information will be required.

State	License Number	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DRIVING EXPERIENCE

Dump Truck	Yes ___	No ___	Years of Experience:
Fork Truck	Yes ___	No ___	Years of Experience:
Rear Loader	Yes ___	No ___	Years of Experience:
Roll-Off	Yes ___	No ___	Years of Experience:
Split Body	Yes ___	No ___	Years of Experience:
Straight Truck	Yes ___	No ___	Years of Experience:
Tractor/Trailer	Yes ___	No ___	Years of Experience:
Other:			

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations (49 CFR 40) requires all persons applying for a driving position (those holding a commercial drivers license) to answer the following questions:

1. Within the last 2 years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol screening administered by an employer to which you applied? YES ___ NO ___
2. Within the last 2 years, have you ever tested positive, or refused to test, on any type of drug or alcohol screening administered by an employer to which you applied? YES ___ NO ___
3. If you answered YES to either 1 or 2 above, can you provide proof that you have successfully completed the DOT *Return-to-Duty* requirements? YES ___ NO ___

Applicant Signature: _____ DATE: _____

PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391 Subpart E) requires all driver applicant's to pass certain physical tests before they are hired to drive a motor vehicle.

Date of Last Department of Transportation Prescribed Physical Examination: _____

Please Provide a Copy of Current DOT Examination Card.

EMPLOYMENT RECORD

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained.

Start with the most current employer/position and work back. You must list the complete mailing address which includes the street number, street name, city, state and zip code. Please also include the area code and telephone number including area code.

Current Employer:		Name of Supervisor:	
Street Address:			
City:		State:	Zip Code:
Telephone Number:			
Position/Job Title:			
Start Date:		Termination Date:	
Reason for Leaving:		Rate of Pay:	

Previous Employer:		Name of Supervisor:	
Street Address:			
City:		State:	Zip Code:
Telephone Number:			
Position/Job Title:			
Start Date:		Termination Date:	
Reason for Leaving:		Rate of Pay:	

Previous Employer:		Name of Supervisor:	
Street Address:			
City:		State:	Zip Code:
Telephone Number:			
Position/Job Title:			
Start Date:		Termination Date:	
Reason for Leaving:		Rate of Pay:	

Previous Employer:		Name of Supervisor:	
Street Address:			
City:		State:	Zip Code:
Telephone Number:			
Position/Job Title:			
Start Date:		Termination Date:	
Reason for Leaving:		Rate of Pay:	

ACCIDENT RECORD

LIST ANY ACCIDENTS THAT YOU HAD DURING THE PAST THREE (3) YEARS INVOLVING BOTH COMMERCIAL AND NON-COMMERICAL VEHICLES

Date	Type of Accident	Fatalities	Property Damage	Persons Injured
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRAFFIC VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES

LIST ALL VIOLATIONS OF MOTOR VEHICLE LAW OR ORDINANCES (OTHER THAN VIOLATIONS INVOLVING ONLY PARKING)

DATE:
TYPE:
LOCATION:
PENALTY:

APPLICANT MUST READ AND SIGN

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for immediate dismissal if discovered at a later date.

I authorize an investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying information.

Any time after a conditional offer of employment or during employment, if hired, I authorize any physician or health care provider to release information advising the Company: (1) whether I am currently able to perform the specific job for which I am being considered or employed with or without reasonable accommodation and the basis for such conclusions; and (2) whether I can perform the job without posing a direct threat to the health or safety of myself or others.

I hereby agree to submit to any lawful drug or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action and/or immediate termination of employment.

I understand that my employment is terminable-at-will, that I am not being employed for any specific time, and that this application is not intended to be a contract for continued employment.

I understand that all the information provided about my previous employers will be used to verify my past safety history as required by 49 CFR 391.23(d) and (e).

I understand that I am required to follow all company policies, procedures, rules and regulations.

If hired, I understand that the uniform shirts issued to me are the sole property of Patriot Disposal, Inc. All uniform shirts are to be returned to Patriot Disposal, Inc. once employment is terminated. If uniform shirts are not returned at the time of termination, a charge of \$10.00 per shirt (Maximum of \$50.00) will be withheld from my final paycheck to reimburse Patriot Disposal, Inc. for non-returned uniform issued property.

I certify that this application was completed by me and that all the information provided is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

FOR OFFICE USE

APPLICANT - DO NOT WRITE IN THIS SPACE

Applicant Hired:	Yes ___	No ___
Applicant Start Date:		
Position:		

In Case of Emergency, Notify: _____

Emergency Contact Number: _____

Number of Uniform Shirts Issued:
Size of Uniform Shirts Issued:
Date Uniform Shirts Issued:

Please Note the Following: Uniform Shirts are the Property of Patriot Disposal, Inc.

Signature of Patriot Disposal, Inc. Representative: _____

TERMINATION OF EMPLOYMENT

Termination Date:		
Voluntary Quit:	Yes ___	No ___
Eligible for Rehire:	Yes ___	No ___
Date Termination Work Placed in Employee File:		
Reason for Termination:		
Uniform Shirts Returned:	Yes ___	No ___
Date Uniform Shirts Returned:	# of Uniform Shirts Returned:	
Amount to be reimbursed to Patriot Disposal, Inc. for non-returned Uniform Shirts?		

Charge is \$10.00 per Uniform Shirt. Each Employee is issued 5 Uniform Shirts. Total of up to \$50.00 (if no Uniform Shirts are returned).

Signature of Patriot Disposal, Inc. Representative: _____