

**RETURN COMPLETED APPLICATION TO:**

EMAIL: PDI@PENASDISPOSAL.COM  
 FAX: (559) 528-4030  
 USPS: PEÑA'S DISPOSAL, INC  
 12094 AVENUE 408  
 CUTLER, CA 93615



**GENERAL EMPLOYMENT APPLICATION**

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Last Name	First Name	MI
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Address: No. & Street	City	State	Zip Code
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Mailing Address if different than above

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Phone #	Cell #
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Position applying for: \_\_\_\_\_

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**Personal Information:**

Have you ever applied to or worked for Pena's Disposal, Inc. before?.....	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

If yes, When? \_\_\_\_\_

Do you have any friends or relatives working for Pena's Disposal, Inc?.....	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

If yes, state names and relationship

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

If hired, would you have reliable means of transportation to and from work?.....	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Are you at least 18 years old? (if under 18, hire is subject to verification that you are of minimum legal age).....	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?.....	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

If no, describe the functions that cannot be performed.

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(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing medical examination, skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?

(Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed.).....

Yes  No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case

\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may be considered.

**Employment History:**

Are you currently employed.....

Yes  No

List below all present and past employment starting with your most recent employer (last 5 years)

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Dates of Employment

\_\_\_\_\_  
Pay Rate

\_\_\_\_\_  
Your Position/Duties

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

\_\_\_\_\_  
May we contact this employer? Yes No

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Dates of Employment

\_\_\_\_\_  
Pay Rate

\_\_\_\_\_  
Your Position/Duties

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

\_\_\_\_\_  
May we contact this employer? Yes No

List below three persons not related to you who have knowledge of your work performance (last 3 years)

Name	Phone #	Occupation	No. of Years known

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless fo the time elapsed before discovery.

\_\_\_\_\_  
Applicants Signature:

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