

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

Last Name

First Name

MI

Address: No. & Street

City

State

Zip Code

Mailing Address if different than above

Phone #

Cell #

Position applying for:

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?.....

<input type="checkbox"/>	<input type="checkbox"/>
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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).....

<input type="checkbox"/>	<input type="checkbox"/>
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If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

<input type="checkbox"/>	<input type="checkbox"/>
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Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?.....

<input type="checkbox"/>	<input type="checkbox"/>
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If no, describe the functions that cannot be performed.

(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:

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ADDITIONAL INFORMATION REQUIRED FOR DRIVER POSITION

Last Name

First Name

MI

Driver's License #

Driver License Class (A, B, C)

Age

Date of Birth

Education History: Please circle highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Post Graduate: 1 2 3 4

Employment History:

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

Name of Employer

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed here?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Was your job designated as a safety-sensitive function in any Department of Transportation (DOT) regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Name of Employer

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed here?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Was your job designated as a safety-sensitive function in any Department of Transportation (DOT) regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Driving Experience:

Give a complete record of all commercial driving experience for the past ten (10) years.

Class of Equipment	From	To	Approximate number of miles

Accident Record for past three (3) years:

Date of Accident	Nature of Accident	Location of Accident	# of Fatalities	# of Injured

Traffic Convictions and Forfeitures for the last three (3) years:

Date	Location	Charge	Penalty

Driver's License (List each driver's license held in the past three (3) years:

State	License #	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If yes, please explain: _____

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not and applicant releases employers and person named herein from all liability for any damages on account of them furnishing such information.

Applicants Signature: _____

Date: _____