

**SECTION A:**

Date \_\_\_\_\_

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Name (Last, First, MI) \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Mailing Address if different than above \_\_\_\_\_

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Contact number \_\_\_\_\_ Mobile number \_\_\_\_\_

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Position applying for (Commercial Driver positions must complete **Section B**) \_\_\_\_\_ Date available to start \_\_\_\_\_

Do you have any relatives or friends currently employed at Peña's Disposal, Inc.?  YES  NO

If yes, state name and relationship:

If hired, would you have reliable means of transportation to and from work?  YES  NO

Are you a citizen of the United States?  YES  NO

If no, are you authorized to work in the United States and can you provide legal proof?  YES  NO

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)  YES  NO

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  YES  NO

If no, describe the functions that cannot be performed:

Have you ever been convicted of a felony?  YES  NO

If yes, list Offense, Date, and Disposition:

*(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 a medical examination, skill and/or agility tests.)*

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, morale, or if doing so could create conflicts of interest.

**EDUCATION:**

Circle highest grade completed:

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

College:                 1 2 3 4

Graduate School:       1 2 3 4

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

**EMPLOYMENT APPLICATION**  
An Equal Opportunity Employer

**BUSINESS REFERENCES:**

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

Name:	Contact number:	Company	No of Years Known

**EMPLOYMENT HISTORY:**

Are you currently employed?  YES  NO

List below all present and past employment starting with the most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

		Dates Employed	
Employer:	Supervisor:	From	To
Employer Phone No.:	Duties Performed:		
Employer Address:	Pay Rate:		
Reason for Leaving:	May we contact this employer for a reference?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

		Dates Employed	
Employer:	Supervisor:	From	To
Employer Phone No.:	Duties Performed:		
Employer Address:	Pay Rate:		
Reason for Leaving:	May we contact this employer for a reference?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

		Dates Employed	
Employer:	Supervisor:	From	To
Employer Phone No.:	Duties Performed:		
Employer Address:	Pay Rate:		
Reason for Leaving:	May we contact this employer for a reference?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**COMPLETE SECTION B IF APPLYING FOR A COMMERCIAL DRIVER POSITION  
OTHERWISE PROCEED TO SECTION C**

**SECTION B:**

**DRIVER EXPERIENCE HISTORY:**

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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed here:  YES  NO

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

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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed here:  YES  NO

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

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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed here:  YES  NO

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

**DRIVING EXPERIENCE:**

Provide 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 the past three (3) years.**

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

**EMPLOYMENT APPLICATION**  
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**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

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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 applicante releases employers and person name herein from all liability for any damages on account of them furnishing such information.

\_\_\_\_\_  
Driver Applicants Signature

\_\_\_\_\_  
Date

**SECTION C:**

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 the immediate discharge if I am employed, regardless to the time elapsed before discovery

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

\_\_\_\_\_  
Date