

EMPLOYMENT APPLICATION
An Equal Opportunity Employer

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

GENERAL: _____ **DRIVER:** _____

SECTION A:

Date

Name (First, MI, Last)

Address

City

State

Zip

Mailing Address if different than above

Contact number

Mobile number

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:

(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

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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.

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

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

Employer:	Supervisor:	Dates Employed	
Employer Phone No.:	Duties Performed:	From	To
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: COMPLETE THIS SECTION IF APPLYING FOR COMMERCIAL DRIVER

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

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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

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 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