

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?

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 employed at Peña's Disposal, Inc.? YES NO

If yes, provide the last year worked & reason for leaving:

(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.

Employer:	Supervisor:	Dates Employed	
		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

Employer:	Supervisor:	Dates Employed	
		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

Employer:	Supervisor:	Dates Employed	
		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: 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

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

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

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



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