

AMERICAN DISPOSAL SERVICES

10370 CENTRAL PARK DR,
MANASSAS, VA 20110
PHONE # 703.368.0500 FAX # 703.369.1133

DRIVER'S EMPLOYMENT APPLICATION

Circle one: *Rear Load:* Yes / No *Front Load:* Yes / No *Roll Off:* Yes / No *Labor:* Yes / No

Applicant Name: _____ Date _____

Date of Birth: _____ Social Security No. _____

Who referred you to the position? _____

List your addresses of residency for the past three years

Current Address _____

Street City

Phone Number How Long? _____

State Zip

Previous Address _____

Street City

Phone Number How Long? _____

State Zip

Are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when?

Have you ever been convicted of a felony? YES NO If yes, explain

IS THERE ANY REASON WHY YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? YES NO

If yes, please explain:

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

EMPLOYMENT HISTORY

PLEASE LIST ALL YOUR PREVIOUS EMPLOYERS FOR THE LAST THREE YEARS. IF APPLYING FOR A POSITION INVOLVIING OPERATING A COMMERCIAL MOTOR VEHICLE YOU MUST PROVIDE AN ADDITIONAL SEVEN YEARS OF EMPLOYMENT HISTORY AS DEFINED BY PART 383.

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
WERE YOU SUBJECT TO FMCSRs BY THIS EMPLOYER		YES	NO
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40		YES	NO

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
WERE YOU SUBJECT TO FMCSRs BY THIS EMPLOYER		YES	NO
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40		YES	NO

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
WERE YOU SUBJECT TO FMCSRs BY THIS EMPLOYER		YES	NO
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40		YES	NO

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
WERE YOU SUBJECT TO FMCSRs BY THIS EMPLOYER		YES	NO
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40		YES	NO

Company		Phone ()	
Address		Supervisor	
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Responsibilities			
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WERE YOU SUBJECT TO FMCSRs BY THIS EMPLOYER		YES	NO
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40		YES	NO

HAS YOUR LICENSE OR PERMIT EVER BEEN DENIED, SUSPENDED OR REVOKED? YES NO
IF YES, PLEASE EXPLAIN _____

ACCIDENT RECORD

LIST ANY ACCIDENTS THAT YOU HAVE HAD IN COMMERCIAL OR NON COMMERCIAL VEHICLES IN THE PAST 3 YEARS

DATES	DESCRIPTION OF ACCIDENT	WERE THERE ANY FATALITIES?	WERE THERE ANY INJURIES?	WAS THERE A HAZARDOUS SPILL?

VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES
(OTHER THAN PARKING VIOLATIONS)

DATE	LOCATION	CHARGE	PENALTY

LIST ANY LICENCES OR PERMITS THAT YOU HAVE HELD IN THE LAST THREE YEARS

STATE	LICENSE NUMBER	CLASS	EXPIRATION DATE	ENDORSEMENTS

List all states where you have operated in the last five years: _____

LIST ANY OTHER SKILLS, TRAINING OR EXPERIENCE RELATED TO THE POSITION YOU ARE APPLYING FOR:

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment and other related matters as may be necessary in arriving at an employment decision.

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of my employment, I understand that false or misleading information will be grounds for the termination of my employment. I also understand, that I am require to follow all company rules and procedures.

I understand that all the information provided about my previous employers will be used to verify you past safety history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by the previous employers and for those previous employers to re-send the corrected information to the prospective employers; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____

American Disposal Services, Inc
10370 Central Park Dr
Manassas, VA 20110

Date: _____

To: Previous Employer: _____

Previous Employer Fax: _____ Phone No. _____

From: Edgar Arana, American Disposal Services, Inc Safety Administrator

Re: Applicant: _____

Social Sec. #. _____ Date of Birth _____

Request for information from previous employer

Department of Transportation regulations require American Disposal Services, Inc to perform background checks with respect to individuals that have applied for a position that requires a Commercial Drivers License. Please complete the enclosed questionnaire as soon as possible regarding the individual's employment history with your company. The questionnaire is time sensitive and requires a quick turn around response. Your timely response is appreciated by the employee searching for a job and American Disposal Services.

PLEASE FAX COMPLETED QUESTIONNAIRE TO 571-292-9495
Please feel free to call me with any questions at 703-368-0500.

I hereby authorize you to release the following information to American Disposal Services, Inc for the purpose of a background investigation regarding employment history with your company as required by Sec. 31 and Part 382 of the Federal Motor Carrier Safety regulations. You are released from any and all liability which may result from furnishing such information.

Previous Employers: _____

Company Address: _____

The above individual states that he/she was employed by your company as a driver from _____ to _____

Applicant's Signature

Date

American Disposal Services, Inc
10370 Central Park Dr
Manassas, VA 20110

Date: _____

To: Previous Employer: _____

Previous Employer Fax: _____ Phone No. _____

From: Edgar Arana, American Disposal Services, Inc Safety Administrator

Re: Applicant: _____

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