

TAYLOR GARBAGE SERVICE, INC. APPLICATION FOR EMPLOYMENT

PO BOX 362 VESTAL, NY 13851 ~ (607)797-5277 ~ FAX (607)798-7233 ~ www.taylorgarbage.com

****It is the policy of Taylor Garbage Service, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, religion, gender, national origin, age, sexual orientation, disability, or veteran status.**

NAME (LAST, FIRST, MIDDLE) - _____	DATE - _____
ADDRESS _____	
DAYTIME PHONE #- _____	CELL PHONE/OTHER- _____
NUMBER OF YEARS AT THIS ADDRESS- _____ WHO REFERRED YOU TO OUR COMPANY? _____	
POSITION DESIRED- _____ SALARY DESIRED- \$ _____ PER _____	
HAVE YOU EVER APPLIED WITH US BEFORE? - NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, WHEN? - _____	
WHEN ARE YOU AVAILABLE TO START _____	
ARE YOU OF LEGAL AGE TO WORK? - NO <input type="checkbox"/> YES <input type="checkbox"/> ARE YOU 18 OR OLDER? - NO <input type="checkbox"/> YES <input type="checkbox"/>	
ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE US? - NO <input type="checkbox"/> YES <input type="checkbox"/> ARE YOU A VETERAN? - NO <input type="checkbox"/> YES <input type="checkbox"/>	
WILL YOU WORK OVERTIME IF ASKED? - NO <input type="checkbox"/> YES <input type="checkbox"/> EXCEPTIONS _____	
ARE YOU AVAILABLE FOR WEEKEND WORK? - NO <input type="checkbox"/> YES <input type="checkbox"/> EXCEPTIONS _____	
OTHER TRAINING OR SPECIAL SKILLS- _____	
STATE NAME OF RELATIVES OR FRIENDS WORKING HERE - _____	
HOW WILL YOU GET TO WORK? _____	
<u>IF YOU ARE APPLYING FOR A DRIVING POSITION-</u>	
LICENSE NUMBER AND CLASS - _____	
LIST ACCIDENTS OR MARKS - _____ _____	
SPECIAL CERTIFICATIONS OR DRIVER TRAINING- _____	
<u>GENERAL INFORMATION-</u>	
HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 10 YEARS EXCLUDING SUMMARY OFFENSES OR CONVICTIONS THAT HAVE NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT- NO <input type="checkbox"/> YES <input type="checkbox"/> EXPLAIN _____	
**The existence of a criminal record does not constitute an automatic bar to employment unless relevant to the type of employment.	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB POSITION WITH OR WITHOUT REASONABLE ACCOMMODATION- NO <input type="checkbox"/> YES <input type="checkbox"/>	

EDUCATION-

(PLEASE CIRCLE HIGHEST LEVEL) K-6 7-9 10-11 HIGH SCHOOL DEGREE/GED ASSOCIATES DEGREE MASTERS DEGREE PHD DEGREE TECHNICAL /OTHER

IF OTHER PLEASE EXPLAIN _____

NAME OF SCHOOL LAST ATTENDED _____ GRADUATED? NO YES

ARE YOU CURRENTLY IN ANY SORT OF SCHOOLING OR VOCATIONAL TRAINING PROGRAMS? NO YES SPECIFY-

OTHER _____

AWARDS, HONORS, SPECIAL ACHIEVEMENTS _____

EMPLOYMENT- PLEASE DO FROM MOST RECENT TO OLDEST

1) COMPANY NAME - _____

COMPANY ADDRESS - _____

TELEPHONE NUMBER - _____ SUPERVISOR'S NAME _____

JOB TITLE AND DESCRIPTION OF DUTIES - _____

DATES EMPLOYED - _____ TO _____ WEEKLY PAY- START _____ LAST _____

REASON FOR LEAVING - _____

2) COMPANY NAME - _____

COMPANY ADDRESS - _____

TELEPHONE NUMBER - _____ SUPERVISOR'S NAME _____

JOB TITLE AND DESCRIPTION OF DUTIES - _____

DATES EMPLOYED - _____ TO _____ WEEKLY PAY- START _____ LAST _____

REASON FOR LEAVING - _____

3) COMPANY NAME - _____

COMPANY ADDRESS - _____

TELEPHONE NUMBER - _____ SUPERVISOR'S NAME _____

JOB TITLE AND DESCRIPTION OF DUTIES - _____

DATES EMPLOYED - _____ TO _____ WEEKLY PAY- START _____ LAST _____

REASON FOR LEAVING - _____

OTHER COMMENTS- _____

REFERENCES- PLEASE LIST TWO PEOPLE THAT WOULD BE WILLING TO PROVIDE REFERENCE FOR YOU.

NAME- _____

ADDRESS- _____

CITY/STATE/ZIP- _____

TELEPHONE- _____

RELATIONSHIP- _____

NAME- _____

ADDRESS- _____

CITY/STATE/ZIP- _____

TELEPHONE- _____

RELATIONSHIP- _____

Please provide any other information you believe should be considered- _____

NOTICE TO APPLICANTS AND EMPLOYEES- THIS IS A DRUG FREE WORKPLACE

****Screening for alcohol and illegal drugs is required before hiring and during employment here****

I certify that the information provided in this application for Employment is true, correct, and complete. I understand that if employed, a misstatement or omission of fact may result in a dismissal. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences my immediate termination. I understand that acceptance of employment does not create a contractual obligation for my employer to continue to employ me in the future. If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed by the organization, the relationship will be "at will". In other words, the relationship will be entirely voluntary in nature and either I or the employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative or employee of Taylor Garbage Service, Inc. except in a specific written contract of employment signed on behalf of the organization by a representative chosen by the Board of Directors or Owners, has the power to alter or vary the voluntary nature of the employment relationship.

I have carefully read the above certification and I understand and fully agree to the terms presented.

Applicant Signature- _____ **Date-** _____

Print Name - _____ **Date-** _____