DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ _____   __ Date of Application _____ __
   (print)

COMPANY: <u>CAREFREE DISPOSAL INC</u>
ADDRESS: <u>2102 JANITELL RD</u>
CITY: <u>COLORADO SPRINGS</u>   STATE: <u>CO</u>   ZIP: <u>80906</u>

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;

- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; 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.

Signature __ ____   Date ____

STOP: APPLICANT PLEASE PROCEED TO PAGE 2

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED ____   REJECTED ____

DATE EMPLOYED ____   POINT EMPLOYED ____

DEPARTMENT _____   __ CLASSIFICATION ____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER

TERMINATION OF EMPLOYMENT

DATE TERMINATED __ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT   OTHER __

TERMINATION REPORT PLACED IN FILE __ SUPERVISOR ____

APPLICANT TO COMPLETE
(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
     Last   First   Middle

List your addresses of residency for the past 3 years.

Current Address _____
           Street   City

                                              Phone _____ How Long? _____
Previous   State   Zip Code   yr./mo.
Addresses _____ How Long? _____
           Street   City   State & Zip Code   yr./mo.

                                                             How Long? _____
           Street   City   State & Zip Code   yr./mo.

                                                             How Long? _____
           Street   City   State & Zip Code   yr./mo.

Do you have the legal authority to work in the United States?   Yes   No _____

Date of Birth _____ / _____ / _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Position _____

Reason for leaving _____

Who referred you? _____ Rate of pay expected _____

~~Have you ever been bonded?~~ _____ ~~Name of bonding company~~ _____
(Answer only if a job requirement)

Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the attached job description]? ☐ YES ☐ NO

EMPLOYMENT HISTORY

    All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

    Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.
(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON		PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER	DATE
NAME	FROM MO. YR. / TO MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	REASON FOR LEAVING
CONTACT PERSON PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO	

EMPLOYER	DATE
NAME	FROM MO. YR. / TO MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	REASON FOR LEAVING
CONTACT PERSON PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO	

EMPLOYER	DATE
NAME	FROM MO. YR. / TO MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	REASON FOR LEAVING
CONTACT PERSON PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO	

EMPLOYER	DATE
NAME	FROM MO. YR. / TO MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	REASON FOR LEAVING
CONTACT PERSON PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO	

EMPLOYER	DATE
NAME	FROM MO. YR. / TO MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	REASON FOR LEAVING
CONTACT PERSON PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO	

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE **NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE
Driver licenses or permits held in the past 3 years					

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?   YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked?   YES _____ NO ___

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

_____

_____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT		CHECK TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)		APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK	☐ YES ☐ NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER	☐ YES ☐ NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS	☐ YES ☐ NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS	☐ YES ☐ NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS	☐ YES ☐ NO More than 8 passengers	—			
MOTORCOACH - SCHOOL BUS	☐ YES ☐ NO More than 15 passengers	—			
OTHER _____					

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____ ___

_____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

_____

_____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

_____

_____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

_____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 2 3 4 5 6 7 8   HIGH SCHOOL: 1 2 3 4   COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED ___(NAME)_____(CITY, STATE)_____

TO BE READ AND SIGNED BY APPLICANT

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: _____ ___