



localwasteservices.com
LOCAL WASTE SERVICES, LTD.
 1300 S. Columbus Airport Rd. Columbus, OH 43207
 614-409-9375 / 740-756-7156

Employment Application

This application will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, veteran, or other protected status. Please print clearly & circle answers that apply.

Last Name, First Name, Middle Initial: _____		Today's Date: / /	
Street Address: _____		Phone #: () -	
City, State, Zip: _____		Social Security #: - -	
Position Desired: _____	At Least 18 Years Old? YES NO	Legal To Work In U.S.? YES NO	Expected Hourly Pay: \$.

Previous addresses for the past three years:

Street Address	City	State	Zip Code
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____

Emergency Contact Person:

Name	Relation	Phone
_____	_____	_____

Have you worked for this company before? YES NO Reason for leaving? _____

Dates: ___/___/___ - ___/___/___ Position: _____ Old Pay: \$____.

Are you currently employed? YES NO How long since leaving last employment? _____

Were you referred by someone? YES NO Who? _____

How did you hear about us? RADIO MONSTER / VETS.COM / CRAIGSLIST WORD OF MOUTH INTERNET OTHER

Have you ever failed or refused to a drug and/ or alcohol test?* YES NO When? _____

Have you ever been convicted of a DUI / OVI?* YES NO When? _____

Have you ever been convicted of a felony?* YES NO When? _____

**If 'YES' to any of the three questions above, please explain fully on the back of this page. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered.*



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Previous Employment

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Previous Company Name:			Please list time of employment (dates) below: / to /
Street Address:			
City:	State:	Zip Code:	Position:
Contact Person:		Phone #:	Salary/ Wage: \$.
Were you subject to the FMCSR's 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

Previous Company Name:			Please list time of employment (dates) below: / to /
Street Address:			
City:	State:	Zip Code:	Position:
Contact Person:		Phone #:	Salary/ Wage: \$.
Were you subject to the FMCSR's 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

Previous Company Name:			Please list time of employment (dates) below: / to /
Street Address:			
City:	State:	Zip Code:	Position:
Contact Person:		Phone #:	Salary/ Wage: \$.
Were you subject to the FMCSR's 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



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Previous Employment (continued)

Previous Company Name:			Please list time of employment (dates) below: / to /
Street Address:			
City:	State:	Zip Code:	Position:
Contact Person:		Phone #:	Salary/ Wage: \$.
Were you subject to the FMCSR's 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

Previous Company Name:			Please list time of employment (dates) below: / to /
Street Address:			
City:	State:	Zip Code:	Position:
Contact Person:		Phone #:	Salary/ Wage: \$.
Were you subject to the FMCSR's 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

Previous Company Name:			Please list time of employment (dates) below: / to /
Street Address:			
City:	State:	Zip Code:	Position:
Contact Person:		Phone #:	Salary/ Wage: \$.
Were you subject to the FMCSR's 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



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Drivers License, Accident Record & Traffic Convictions

This application will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, veteran, or other protected status. Please print clearly & circle answers that apply.

Drivers License #:	State:	Class:	Expiration Date:
_____	_____	D B A Other: _____	/ /
_____	_____	D B A Other: _____	/ /
_____	_____	D B A Other: _____	/ /

Traffic Convictions for the past 3+ years, other than parking violations: (Use separate sheet if more space is needed. If none, write none)

Dates: (most recent at top)	Location: (Street, Intersection, City, State, Ect.)	Charge:	Penalty:
/ /	_____	_____	_____
/ /	_____	_____	_____
/ /	_____	_____	_____

Accident record for the past 3+ years: (Use separate sheet if more space is needed. If none, write none)

Dates: (most recent at top)	Nature of Accident: (head-on, rear-end, roll-over, etc.)	Injuries:	Fatalities:	HazMat Spill
/ /	_____	YES NO	YES NO	YES NO
/ /	_____	YES NO	YES NO	YES NO
/ /	_____	YES NO	YES NO	YES NO

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 the answer to either question above is 'YES', please explain fully on separate sheet of paper.*



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Applicant's Statement

This application will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, veteran, or other protected status. Please print clearly & circle answers that apply.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I give the company the right to investigate all references and to secure additional information about me if job related. I hereby release from liability the company and all its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I understand that the information provided may be used and that my prior employers may be contacted for the purpose of investigating my background (as required for driver applicant by U.S. Department of Transportation, Section 391.23.)

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this company is of an 'at will' nature, which means an employee may resign at any time and the employer may discharge an employee at any time with or without cause. It is further understood that this 'at will' employment relationship may not be changed by any written document or by conduct. Except in connection with my job duties for the company, I agree that, during the term of my employment with the company and thereafter, I will neither reveal any confidential information or trade secrets to persons outside the company nor use such confidential information or trade secrets on my behalf or that of any other.

This certifies that the 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.

Date: _____ Signature: _____



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Applicant's Consent to Drug/ Alcohol Testing

This application will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, veteran, or other protected status. Please print clearly & circle answers that apply.

Local Waste Services, LTD. requires a pre-employment, drug and or alcohol urinalysis screening test for all applicants selected for employment. This policy has been established to help provide a continued safe and healthful work environment for our employees.

In the event you are selected as a candidate for the job, you will be notified as to the time and place of testing. Should you refuse to be tested or should you test positive, you will not be considered for employment for a period of one year, at which time you may re-apply.

We make no representation that a job will be available to you upon application or re-application.

Thereby consent to and will undergo drug and or alcohol testing via urinalysis as a prerequisite to my employment consideration.

I understand that, at the time of any such testing; I must execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations, and agree that the results shall be made available to the company or its agents.

Finally, I understand that, at the time of any such testing, I must execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations, and agree that the results shall be made available to the company or its agents.

The undersigned further state that he or she has read this consent form, knows the content hereof and sign the same of his or her own free will.

Yes, I CONSENT to drug testing.

No, I REFUSE to undergo testing and hereby withdraw my application for employment.

Date: _____ Signature: _____



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MVR Authorization

This application will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, veteran, or other protected status. Please print clearly & circle answers that apply.

I, hereby authorize HOSKET & ULEN INSURANCE AGENCY to run a MVR (Motor Vehicle Record) report on me to obtain needed information in regard to my driving record for insurance underwriting purposes.

Last Name, First Name, Middle Initial

Social Security Number

Drivers License Number

Date of Birth

Signature