



NWFF Environmental

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, veteran status or any other legally protected status.

Date _____ Position applied for _____

Last name _____ First name _____ Middle name _____

Street Address _____ How Long? _____

City _____ State _____ ZIP _____ Cell Phone # _____

Home Phone # _____ Social Security # _____ DOB _____

Email Address _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you currently employed? Yes No May we contact your present employer? Yes No

You are available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Do you have a dependable means of transportation to and from work? Yes No

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 A OR B IS YES, ATTACH A STATEMENT GIVING FULL DETAILS

EDUCATION

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

EMPLOYMENT HISTORY (DOT requires that employment for **3 years** and/or Commercial Driving experience for the past **10 years** be shown. Start with most recent employer. Attach sheet if more space is needed.)

Company Name _____ Contact _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact? Yes No
Responsibilities _____

Reason for leaving _____

Were you subject to the FMCSR's? Yes No Were you in 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 Name _____ Contact _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact? Yes No
Responsibilities _____

Reason for leaving _____

Were you subject to the FMCSR's? Yes No Were you in 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 Name _____ Contact _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact? Yes No
Responsibilities _____

Reason for leaving _____

Were you subject to the FMCSR's? Yes No Were you in 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

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

REFERENCES

Name _____ Relationship _____ Contact # _____
Name _____ Relationship _____ Contact # _____
Name _____ Relationship _____ Contact # _____

TO BE READ AND SIGNED BY APPLICANT

I certify that this application was completed by me, and that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature _____ Date _____

Past Addresses (Attach sheet if more space is needed)

	Street	City	State & Zip	How Long?
1				
2				
3				
4				
5				

Experience and Qualifications – Driver (Show all licenses held in last 3 years)

Driver License Info	State	License Number	Type	Expiration

Driving Experience

Class of Equipment	Type of Equipment (van,tank,flat)	Dates		Approx. # of Miles (Total)
		From	To	

Accident Record for Past 3 years or more (attach sheet if more space needed)

Date	Nature of Accident (Head-on,rear-end,upset,etc)	Fatalities	Injuries