

# APPLICATION FOR EMPLOYMENT

Heiberg Garbage & Recycling LLC  
PO Box 22069  
Portland, OR 97269

## ANSWER ALL QUESTIONS – PLEASE PRINT

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.

Date of Application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
STREET CITY  
Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
STATE ZIP CODE YR / MO

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_  
STREET CITY STATE & ZIP CODE  
STREET CITY STATE & ZIP CODE How Long? \_\_\_\_\_  
STREET CITY STATE & ZIP CODE How Long? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(REQUIRED FOR COMMERCIAL DRIVERS)

Have you worked for the company before? \_\_\_\_\_ Where? \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_  
Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? \_\_\_\_\_ If yes, explain if you wish \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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	TO
ADDRESS	POSITION HELD	
CITY/ST/ZIP		
CONTACT PERSON	PHONE NUMBER	
REASON FOR LEAVING		
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER	DATE	
NAME	FROM	TO
ADDRESS	POSITION HELD	
CITY/ST/ZIP		
CONTACT PERSON	PHONE NUMBER	
REASON FOR LEAVING		
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER	DATE	
NAME	FROM	TO
ADDRESS	POSITION HELD	
CITY/ST/ZIP		
CONTACT PERSON	PHONE NUMBER	
REASON FOR LEAVING		
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER	DATE	
NAME	FROM	TO
ADDRESS	POSITION HELD	
CITY/ST/ZIP		
CONTACT PERSON	PHONE NUMBER	
REASON FOR LEAVING		
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER	DATE	
NAME	FROM	TO
ADDRESS	POSITION HELD	
CITY/ST/ZIP		
CONTACT PERSON	PHONE NUMBER	
REASON FOR LEAVING		
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		

\*Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous material 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
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)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4  
 LAST SCHOOL ATTENDED \_\_\_\_\_  
 NAME CITY

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
1				
2				
3				

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 A OR B IS YES, GIVE DETAILS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DRIVING EXPERIENCE – IF NONE, WRITE NONE.**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTOR COACH – SCHOOL BUS				
OTHER				

List states operated in for last 5 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 the 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)

\_\_\_\_\_

**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.

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

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 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 Company.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Applicant's Signature**