

# Application for Employment

WASTE PRO HAWAII  
P.O. BOX 1022  
Puunene, Hawaii 96784

Applicant: Read and Sign before submitting this application.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
First Middle Last

\*Current Address \_\_\_\_\_  
Street City State Zip Code

\*If the above residence less than 3-years, list all residences for the past three years

\_\_\_\_\_  
Street City State Zip Code  
\_\_\_\_\_  
Street City State Zip Code

(Attach a separate sheet if necessary)

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Answer only if applying for driving position)

In case of emergency notify: \_\_\_\_\_  
Name Address Phone

Position Applying for \_\_\_\_\_ Temporary \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Have you worked for this company before? Yes / No Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Names of any relatives employed by this company \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

## EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last School Attended \_\_\_\_\_  
Name Address

## GENERAL

Have you ever been bonded? Yes / No Name of Bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Have you ever worked for this company under another name? \_\_\_\_\_

## PHYSICAL HISTORY

Please describe any positions, jobs or duties for which you should not be considered because of physical, medical or mental disabilities.

For Drivers Only:

Date of last Department of Transportation prescribed physical examination \_\_\_\_\_  
Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? YES / NO

**EMPLOYMENT RECORD**

Note: The United States Department of Transportation requires that applications for driving positions must advise prospective employers of positions held as a commercial driver during the past 10-year period.

Start with the last or current position, including military experience and work back (Attach separate sheet of paper if necessary)

Current Employer: \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
Address: \_\_\_\_\_ Phone \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Current Employer: \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
Address: \_\_\_\_\_ Phone \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Current Employer: \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
Address: \_\_\_\_\_ Phone \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

In addition to the above, show all driving positions held as a commercial driver during the past ten years.

**DRIVER EXPERIENCE & QUALIFICATION**

Licenses

Drivers Licenses held in the past 3 years must be shown	State	License No.	Type	Expiration Date

- 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
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? YES / NO

If you answered A, B or C "yes", attach a statement giving details.

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates		Approx. No of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi Trailer				
Twin Trailers				
Other				

List states operated in for the past five years \_\_\_\_\_

Show special courses or training that will help you as a driver \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**Accident Review for the past 3 years** (Attach sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear-End, Upset Etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

**Convictions and Forfeitures for the past 3 years other than parking violations**

Location	Date	Charge	Penalty

**MAINTENANCE EXPERIENCE & QUALIFICATIONS**

List courses and training in maintenance work \_\_\_\_\_

**Job Function**

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-Up and Rebuild			Electrical Repair		
Gas Engine Tune-Up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			General Car Repair		

**Shop Equipment**

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment			Tire Servicing Machine Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding Equipment			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		
Air Conditioning			Inspections General Car Repairs		

**PLATFORM EXPERIENCE & QUALIFICATIONS**

List types of platform experience and number of years of each \_\_\_\_\_

List platform equipment you can operate (lift, truck, etc) \_\_\_\_\_

Show courses or training in platform work \_\_\_\_\_

**APPLICANT MUST READ & SIGN**

It is agreed and understood that the employer of his agents may investigate the applicants background to ascertain any and all information of concern to applicants record, whether same is of record or not, and applicant releases employers and person's names herein from all liability for any damages on account of his furnishing such information. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 97-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

(GA & KS) – I understand that, as a condition of employment, I will obtain from the State Motor Vehicle Agency, within my probationary period, and without cost to the employer, a cop of my motor vehicle violations record.

(MA) – “An Applicant for employment with a sealed record on file with the commissioner of probation may answer “no record” with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioners of probation may answer “no record” with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution”

(MD) – “AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT, ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100” \_\_\_\_\_ SIGNATURE

(PA) – I authorize my employer to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Records. I understand that this application is not an employment contract and that, if hired, my employment and compensation can be terminated with or without cause at any time at the option of either the company or myself. This certifies that this application was completed b me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date \_\_\_\_\_

Applicants Signature \_\_\_\_\_

**FOR OFFICE USE – DO NOT WRITE IN THIS SPACE**

**PROCESS RECORD**

Applicant Hired \_\_\_\_\_ Not Hired \_\_\_\_\_  
Date Employed \_\_\_\_\_ Point Employed \_\_\_\_\_  
Department \_\_\_\_\_ Classification \_\_\_\_\_

(If not hired, summary report of reasons should be placed in file)

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Physical Exam						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Police and Traffic Record						

Signature of Interviewing Officer \_\_\_\_\_

**TRANSFERS**

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_  
Reason for Transfer \_\_\_\_\_ Reason for Transfer \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

Date Terminated \_\_\_\_\_ Department Released Form \_\_\_\_\_  
Dismissed \_\_\_\_\_ Voluntarily Quit \_\_\_\_\_ Other \_\_\_\_\_  
Termination Report Placed in File \_\_\_\_\_ Supervisor \_\_\_\_\_

