



WASTE SERVICES, INC., its affiliates and wholly owned subsidiaries ("WSI")

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

We appreciate your interest in employment opportunities with WSI.

Please print neatly and answer ALL questions.

Do not leave any blank spaces. If the question is not applicable to you, write "N/A".

Be sure to sign and date the application, as required.

WSI reserves the right to reject any application that has NOT been completed in its entirety.

PERSONAL INFORMATION

Name (as it appears on your Social Security Card) \_\_\_\_\_

Common Name (if applicable) \_\_\_\_\_

Telephone# (\_\_\_\_\_) \_\_\_\_\_ Are you 18 years of age or older? Yes \_\_\_ No \_\_\_

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

List previous address(es), if not at current address at least 3 years:

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

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

Position applying for? \_\_\_\_\_ Salary desired? \_\_\_\_\_ Date available to work? \_\_\_\_\_

Are you able to work overtime? Yes \_\_\_ No \_\_\_ Are you able and willing to travel? Yes \_\_\_ No \_\_\_ If yes, up to \_\_\_ %

Are you able to work: Full Time \_\_\_ Part Time \_\_\_ Temp/Seasonal \_\_\_ Days \_\_\_ Nights \_\_\_ Weekends \_\_\_

Are there any days or times you are not able to work? Yes \_\_\_ No \_\_\_ If yes, specify : \_\_\_\_\_

If hired, can provide proof of identity and authorization to work in the US? (within the first 3 days of employment)? Yes \_\_\_ No \_\_\_

Have you previously applied to a WSI? Yes \_\_\_ No \_\_\_ If yes, when & where? \_\_\_\_\_

Have you ever worked for WSI, or a company acquired by WSI? Yes \_\_\_ No \_\_\_ If yes, provide where/office? \_\_\_\_\_

When/dates? \_\_\_\_\_ Job/position held? \_\_\_\_\_

How did you hear about us? Ad \_\_\_ Agency \_\_\_ Employee Referral \_\_\_ Internet \_\_\_ Open House \_\_\_ Other \_\_\_

Please provide details, including name of employee who referred you, if applicable: \_\_\_\_\_

Have you ever been convicted of or plead nolo contendere to a felony? Yes \_\_\_ No \_\_\_ If yes, state the nature of the offense(s), date, and disposition: You do not need to disclose a conviction that has been expunged or sealed.

Disclosure of a felony conviction will not necessarily disqualify you from employment with WSI, as each conviction will be evaluated with respect to date convicted and the nature or seriousness of the offense. Failure to disclose such information, however, will lead to your disqualification as a candidate for employment.

EDUCATION AND EXPERIENCE

Circle highest level completed: 1 2 3 4 5 6 7 8 9 10 11 12HS GED College Degree: 2yr 4yr Masters Doctorate

Name of School/College/University: \_\_\_\_\_ Major/minor course of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

List all skills, certifications, licenses, training, or other qualifications you feel are relevant to the position for which you are applying:

## WORK HISTORY

List your most recent employment first. You may list volunteer work. If applying for a Driver position, you must list 10 years of employment history, if applicable (*attach extra Page 2's, if needed*). Driver candidates must also provide DOT information as required, such as Page 4.

Have you ever been involuntarily terminated or asked to resign by any previous employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Employer	Dates Employed: From	Starting Salary/Hourly Rate	Supervisor's Name  May be contacted? •Yes •No
Street Address	To	Final Salary/Hourly Rate	Telephone No.
City, State & Zip	Job Title	Duties/Work Performed (Driver Applicants: list experience driving commercial vehicles and what type of vehicle)	
Reason for Leaving			
Driver Applicants: Subject to FMCSR? •Yes •No      Subject to drug/alcohol testing? •Yes •No			
Employer	Dates Employed: From	Starting Salary/Hourly Rate	Supervisor's Name  May be contacted? •Yes •No
Street Address	To	Final Salary/Hourly Rate	Telephone No.
City, State & Zip	Job Title	Duties/Work Performed	
Reason for Leaving			
Driver Applicants: Subject to FMCSR? •Yes •No      Subject to drug/alcohol testing? •Yes •No			
Employer	Dates Employed: From	Starting Salary/Hourly Rate	Supervisor's Name  May be contacted? •Yes •No
Street Address	To	Final Salary/Hourly Rate	Telephone No.
City, State & Zip	Job Title	Duties/Work Performed (Driver Applicants: list experience driving commercial vehicles and what type of vehicle)	
Reason for Leaving			
Driver Applicants: Subject to FMCSR? •Yes •No      Subject to drug/alcohol testing? •Yes •No			
Employer	Dates Employed: From	Starting Salary/Hourly Rate	Supervisor's Name  May be contacted? •Yes •No
Street Address	To	Final Salary/Hourly Rate	Telephone No.
City, State & Zip	Job Title	Duties/Work Performed (Driver Applicants: list experience driving commercial vehicles and what type of vehicle)	
Reason for Leaving			
Driver Applicants: Subject to FMCSR? •Yes •No      Subject to drug/alcohol testing? •Yes •No			

## MILITARY SERVICE

Have you ever served in a branch of the military? Yes \_\_\_ No \_\_\_ If yes, specify branch \_\_\_\_\_

List any military skills, certifications, licenses, training, or other qualifications you feel are relevant to the position for which you are applying: \_\_\_\_\_

## EMPLOYMENT REFERENCES

Professional References, e.g., Directors, Supervisors, Professors, etc. *(Other than family members)*

Name of Reference	Reference Title	Reference's Company Name	Company's City & State	Current Telephone #

**Please read the following information carefully as it constitutes conditions of employment with WSI.**

I certify this application was completed by me, and the information I provided is true and correct to the best of my knowledge. I understand that any false statement, omission or misrepresentation provided on this application or made during the employment process may be considered sufficient cause for rejection of this application or dismissal if I have been employed, no matter when discovered by the Company. I also understand and agree that all information is subject to verification.

I authorize WSI or their agents/designees to thoroughly investigate and verify all information provided on this application or any employment related documents, including but not limited to, my background, references, prior employment (dates, titles, salary, etc.), criminal and motor vehicle history, job relevant licenses/certifications, and highest educational level completed. I further authorize my former employers, and any third party to disclose to WSI all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosure. In addition, I hereby release WSI, all former employers and all references listed above, from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure. I hereby authorize WSI and any consumer or credit reporting agency or bureau employed by WSI to make a consumer credit report in connection with this application.

In accordance with the Fair Credit Reporting Act, WSI will provide to you any information obtained in these investigations, and any adverse action taken, based on information obtained, upon your written request, for up to 30 days from the start date of your employment or denial of employment. WSI will provide this information to you within five (5) days of a written request. If you do not make arrangements to receive this information from WSI within 30 days of when the information is available to you, WSI will assume you have waived your right to view the information. If any information obtained from a former employer is incorrect, you may request, in writing, that the former employer correct the information and re-submit it to WSI. If you cannot agree with the previous employer on the accuracy of the information, you have the right to attach a rebuttal statement to the alleged erroneous information.

If employed by WSI, I agree to comply with and/or agree to sign documents with respect to protecting confidential information. I also agree, as a condition of employment, to hold in strict confidence any information with respect to the business activities, customers and trade secrets of WSI. In addition, I acknowledge that some positions may require that I sign a restrictive covenant, which may include, but not be limited to, a non-compete or non-solicitation provision, and I agree to sign such provision (a "restrictive covenant") as a condition of my employment.

I understand that if I receive an offer of employment, it will be conditioned on my taking a drug/alcohol test, and a physical examination, if required of my position. I further understand that should this test indicate the presence of drugs in my system, it may result in the rejection of my employment or my immediate discharge, if detected, discovered or reported after hire. I consent to this testing and examination and request that the results of such test(s) and examination be disclosed to the Company, and I hereby release the Company, its employees, management, officers and agents from any and all legal liability flowing from my taking such test(s) and examination or my refusal to take such test(s) or examination.

I understand that if I am hired, I will be employed as an "at-will employee" and that nothing contained in this application, or conveyed to me during any interview which may be granted, is intended to create an employment contract. I also understand and agree that if I am hired; my employment will be for no definite period and may be terminated at any time, and for any reason, without advance notice at the option of either myself or the Company. No employee of the Company, other than a WSI Executive Officer or the Vice President of Human Resources, has the authority to enter into any employment arrangement that is not "at will". Actual employment agreements must be in writing and signed by an Executive Officer or the Vice President of Human Resources, and by the employee.

I understand that my employment with WSI is contingent upon my complying with the employment verification requirements of the Immigration Reform and Control Act.

If employed by WSI, I agree to follow the Company's payroll practices and procedures, which are compliant with the Fair Labor Standards Act. Further, I agree to comply with all applicable laws and Company policies, practices and procedures that are in effect and subject to change from time to time.

I voluntarily agree that any dispute or claim concerning or relating to the Employee Handbook or the terms and conditions of my employment with the Company, including any claim for contractual and/or tort damages and/or as a result of a violation of any applicable federal or state law, ordinance or regulation, including, but not limited to claims under Title VII, Age Discrimination in Employment Act, the Equal Pay Act, the Fair Labor Standards Act, the Workers Adjustment and Retraining Notification Act, the Employee Retirement Income Security Act, and state statutory discrimination law, State Workers' Compensation Law, claims for unpaid wages, shall be resolved by a judge not a jury. **I understand that I am voluntarily waiving my constitutional right to a jury trial of such disputes or claims.**

I understand that the Company will consider this application for up to 30 days, and that I will need to complete a new application form if I want to be considered for employment after that time.

**Signature of Applicant :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WSI is an equal opportunity employer dedicated to providing a workplace free of harassment and discrimination without regard to race, color, age, gender, religion, national origin, disability, marital or veteran status, sexual orientation, or any other legally protected status. WSI maintains a drug-free workplace.**

**If you are applying for a Driver position, you must complete this page (Page #4).**

All applicants, however, are asked to provide the requested EEO and Veterans information on Page 5.

**DRIVER APPLICANTS ONLY**

---

**List all current drivers license/CDLs:**

License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ State of Issue \_\_\_\_\_

License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ State of Issue \_\_\_\_\_

License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ State of Issue \_\_\_\_\_

License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ State of Issue \_\_\_\_\_

**List any motor vehicle accidents or moving violations that occurred, or citations received, in the past three years:**

Accident \_\_\_\_\_ Date \_\_\_\_\_

Were you at fault? •Yes •No Citation received? \_\_\_\_\_

Accident \_\_\_\_\_ Date \_\_\_\_\_

Were you at fault? •Yes •No Citation received? \_\_\_\_\_

Accident \_\_\_\_\_ Date \_\_\_\_\_

Were you at fault? •Yes •No Citation received? \_\_\_\_\_

Violation/Citation \_\_\_\_\_ Date \_\_\_\_\_

Violation/Citation \_\_\_\_\_ Date \_\_\_\_\_

Violation/Citation \_\_\_\_\_ Date \_\_\_\_\_

Violation/Citation \_\_\_\_\_ Date \_\_\_\_\_

Violation/Citation \_\_\_\_\_ Date \_\_\_\_\_

---

**If applying for a Driver position, you MUST provide a copy of your current Driver's License.**

In compliance with DOT regulations a thorough criminal and motor vehicle background check will be conducted. A pre-employment drug/alcohol test and medical physical, by a WSI appointed vendor, is also required. By signing here, you authorize WSI to conduct background checks, and obtain reports that may contain information about your background, character, personal reputation and ability to perform the position for which you are applying (including safety performance and accident record, any violations of DOT regulations concerning drug and alcohol use in the past three (3) years, failure to complete rehabilitation as required by SAP, any BAC test above 0.04, any positive results for controlled substance testing, or refusals to be tested). This authorization will be valid at all times prior to and during your employment with WSI.

In accordance with the Fair Credit Reporting Act, WSI will provide to you any information obtained in these investigations, and any adverse action taken, based on information obtained, upon your written request, for up to 30 days from the start date of your employment or denial of employment. WSI will provide this information to you within five (5) days of a written request. If you do not make arrangements to receive this information from WSI within 30 days of when the information is available to you, WSI will assume you have waived your right to view the information. If any information obtained from a former employer is incorrect, you may request, in writing, that the former employer correct the information and re-submit it to WSI. If you cannot agree with the previous employer on the accuracy of the information, you have the right to attach a rebuttal statement to the alleged erroneous information.

By signing below, you acknowledge that you have read and understand the information contained above. Additionally, you confirm that the information I provided is true and correct to the best of your knowledge. You understand that any falsification or material omission of information provided on this application or any employment related documents will be grounds for disqualification of your application or termination of your employment.

**Name Driver of Applicant (print):** \_\_\_\_\_

**Signature of Driver Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

---

**All applicants are asked to provide the requested EEO  
and Veterans information on this page (Page #5).  
Completion of the requested EEO and Veterans information is voluntary.**

**VOLUNTARY EEO and VETERAN INFORMATION**

Occasionally, WSI may enter into a contract with a government entity that requires compliance with Affirmative Action programs. Accordingly, we ask that you provide the information requested below. This information is used to assist us with any applicable reporting and recordkeeping that may be governmentally required.

This information is voluntary, and refusal to provide it will have no adverse effect on the WSI selection/hiring process. The information provided will be kept in a confidential file, and used for only the purposes stated above.

Applicant Name (print): \_\_\_\_\_ Date \_\_\_\_\_

Position applied for: \_\_\_\_\_

**Race and Ethnic Classification (please check one):**

- |   |   |
|---|---|
| <input type="checkbox"/> Hispanic or Latino   | All persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.   |
| <input type="checkbox"/> White (Not Hispanic or Latino)                             | All persons having origins in any of the original peoples of Europe, The Middle East or North Africa.   |
| <input type="checkbox"/> Black or African American (Not Hispanic or Latino)         | All persons having origins in any of the Black racial groups of Africa.   |
| <input type="checkbox"/> Native Hawaiian/ Pacific Islander (Not Hispanic or Latino) | All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  |
| <input type="checkbox"/> Asian (Not Hispanic or Latino)                             | All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent.  |
| <input type="checkbox"/> American Indian/Alaska Native (Not Hispanic or Latino)     | All persons having origins in any of the original peoples of North, Central, or South America, and who maintain cultural identification through tribal affiliation or community attachment. |
| <input type="checkbox"/> Two or More Races  | All persons who identify with more than one of the above five races.  |

Gender:  Male  Female

**How did you find out about this job (please check one) ?**

- |   |   |
|---|---|
| <input type="checkbox"/> Advertisement (newspaper)                      | <input type="checkbox"/> Open House/Job Fair                  |
| <input type="checkbox"/> Employee referral (acquaintance/friend/family) | <input type="checkbox"/> Former employee                      |
| <input type="checkbox"/> Women's organization or publication            | <input type="checkbox"/> Minority organization or publication |
| <input type="checkbox"/> Veteran organization or publication            | <input type="checkbox"/> Employment or temporary agency       |
| <input type="checkbox"/> Internet , including WSI website (career page) | <input type="checkbox"/> State Employment office              |
| <input type="checkbox"/> University or college                          | <input type="checkbox"/> Technical school or institute        |
| <input type="checkbox"/> Urban League                                   | <input type="checkbox"/> Self / Walk-in                       |
| <input type="checkbox"/> Other, detail: _____                           |   |

**Please indicate, with a check mark, if you are a veteran of the US Armed Forces:**

WWII  Korean  Vietnam (1964-1975)  Gulf War  Non-Veteran

**HUMAN RESOURCES:**

**DETACH THIS FORM PRIOR TO SUBMITTING THE APPLICATION FOR REVIEW  
AND FILE SEPARATELY FROM OTHER APPLICATION OR EMPLOYMENT DOCUMENTS.**