

EMPLOYMENT

Womack Sanitation Inc
2505 SW Flanders Street
Arcadia, FL 34266
863-494-1580
FAX: 863-494-1435

MAILING: PO BOX 247 Nocatee. FL 34268

*“Womack Sanitation Inc is a **DRUG FREE** Workplace.”*

Womack Sanitation Inc is an equal employment opportunity employer.
Applications will be reviewed and applicants will be called in for interviews by appointment only.

Drivers must have had CDL Class B License for 3 years and clean record.

There will be mandatory pre-employment drug test performed on all new hires. Employees are subject to random drug test after hire.

*****Applications will be kept on file for approximately 90 days.*****

Date: _____

By signing below I agree that I have read and acknowledge that I will be subject to Random Drug Testing after hire.

(PRINT NAME)

X _____
(SIGNATURE)

APPLICATION FOR EMPLOYMENT

PART A – Fill out prior to hiring

Company: **Womack Sanitation Inc**

In compliance with Federal and State equal employment opportunity laws, qualified applications Are considered for all positions without regard to race, color, religion, sex, national origin, age, Marital status, or the presence of non-job related medical condition or handicap.

Position(s) Applied for: _____ Date: _____

Checklist:	
MVR	_____
Physical Exam	_____
Written Test	_____
Road Test	_____
D.O.T. Cert	_____
Date Hired	_____

Name: _____ LAST 4 Digits of Social Security No: XXX-XX-_____
Last First Middle

Address: _____
City State Zip Phone: _____ Cell: _____

ADDRESS FOR PAST THREE YEARS
Street City, State & Zip How Long?
Street City, State & Zip How Long?

Do you have the legal right to work in the United States? (YES) (NO) (You will be required to fill out an I-9 form.)

Date of Birth: ____/____/____ Can you provide proof of age? _____

In case of Emergency notify: _____ Name Address Phone

Have you worked for a trash hauling company before? (YES) (NO) (If YES were? _____)

Dates: From _____ To _____ Rate of Pay _____ Type of Truck _____

Reason for leaving: _____

Are you now employed? (YES) (NO) If NO, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Have you ever been convicted of a felony/crime? (YES) (NO) If answer is YES: Please explain fully on a separate sheet of paper/or on the back of application. Conviction of crime is not an automatic bar to employment - all circumstances will be considered.

EMPLOYMENT HISTORY

EMPLOYER			
NAME:			
ADDRESS:			
CITY	STATE	ZIP	
PHONE NUMBER:			

DATES	POSITION HELD
FROM:	
MO. YR.	
TO:	REASON FOR LEAVING
MO. YR.	

EMPLOYER			
NAME:			
ADDRESS:			
CITY	STATE	ZIP	
PHONE NUMBER:			

DATES	POSITION HELD
FROM:	
MO. YR.	
TO:	REASON FOR LEAVING
MO. YR.	

EMPLOYER			
NAME:			
ADDRESS:			
CITY	STATE	ZIP	
PHONE NUMBER:			

DATES	POSITION HELD
FROM:	
MO. YR.	
TO:	REASON FOR LEAVING
MO. YR.	

OFFICE USE ONLY:
EMPLOYMENT ABLE TO BE VERIFIED: (YES) (NO) <input checked="" type="checkbox"/> DATE: _____
SIGNATURE of OFFICE Personnel _____

Womack Sanitation Inc is a DRUG FREE Workplace

DRIVING RECORD

Be advised that by signing this application you are agreeing to a driver's license check covering the last three years and 50 states.

Driver's License Number: _____ State: _____

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				
TRACTOR - TWO TRAILERS				
OTHER:				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (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:			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS 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)

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. Do you have more than 1 driver's license? (YES) (NO)

(IF THE ANSWER TO EITHER A, B OR C IS YES: ATTACH STATEMENT GIVING DETAILS)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and the information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries 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, as permitted by Law.

DATE

X _____
Applicant's Signature

CONSUMER REPORT

**GENERAL NOTICE OF INTENT TO OBTAIN
REPORT UNDER THE FAIR CREDIT REPORTING ACT (FCRA)
AND APPLICANT AND/OR EMPLOYEE'S AUTHORIZATION TO OBTAIN
CONSUMER REPORT UNDER FCRA**

DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS

You are hereby notified that **Womack Sanitation Inc.** (the "Company") will request a consumer report from a consumer reporting agency on you, which report will include a Motor Vehicle Report, to be used for the purpose of the underwriting of insurance. This report can be done at any time prior to or during your employment.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

Please Read Carefully

I authorize the Company to conduct a background check on my driving record and to obtain Department of Motor Vehicle Report(s), which I authorize the Company to obtain from a consumer reporting agency at any time prior to or during my employment. I authorize such release of information from any agency or business to the Company and I release them from any legal liability in providing any information. A copy of this authorization will serve as a valid document.

Date

X _____
Signature

Print Name (first, middle, last)
Former Names (i.e., maiden, etc.)

Drivers License Number

Type State(s) of Issue:

***EMPLOYER TO MAINTAIN ORIGINAL AND PROVIDE SIGNED COPY TO
APPLICANT/EMPLOYEE AND TO INSURER/AGENT.***