

## **Employment Application**

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, age, sex, national origin, marital status or non-job related disability.

Applicant: please be advised that Wall Recycling, LLC will contact all prior/present employers you list on this application for purposes of employment and drug/alcohol testing verification. You should review the prior employer Safety Performance History request form and Drug/alcohol testing verification forms before signing the release contained on each of the forms.

APPLICANT INFORMATION							
Date:							
Full Name:							
	Last	First M.I.					
Address:							
	Street Address	Apartment/Unit #					
	City	State ZIP Code					
Phone:		Email:	_				
Date Available:		Desired Salary:	_				
Position Applying for:		Referred By:					
Are you a citizen of the United States? $\Box$ Yes $\Box$ No		If no, are you authorized to work in the U.S.? $\Box$ Yes $\Box$	No				
Have you e	ver worked for this company? $\Box$ Yes $\Box$ No	If yes, When?					
Have you e	ver been convicted of a felony? $\Box$ Yes $\Box$ No	If yes, explain:					

EDUCATION					
Please circle the highest grade completed:		Grade school: 1 2 3 4 5 6 7	7 8 9 10 11 12		
		College: 1 2 3 4 Degree:			
		Post Graduate: 1 2 3 4 Deg	gree:		
PREVIOUS EMPLOYMEN	Т				
List most recent employer first.					
Company:			Phone:		
Address:		_	Supervisor:		
Job Title:		Starting Salary:	Ending Salary: <b>\$</b>		
Responsibilities:					
From:					
May we contact your previous s					
.,,,,					
Company:			Phone:		
Job Title:		Starting Salary:			
From:					
	To: Reason for Leaving: tact your previous supervisor for a reference?				
may we contact your previous a					
Company:			Phone:		
Address:			Supervisor:		
Job Title:		Starting Salary:	Ending Salary: <mark>\$</mark>		
Responsibilities:					
From:	То:	Reason for Leaving:			
May we contact your previous s	supervisor for a	reference? 🛛 Yes 🗆 No			

## MILITARY SERVICE Branch: \_\_\_\_\_\_\_\_ Rank at Discharge: \_\_\_\_\_\_\_ Type of Discharge: \_\_\_\_\_\_\_

If other than honorable, explain:

## REFERENCES

Please list three professional references.

Full Name:	Relationship:	
Company:	Phone:	
Full Name:	Relationship:	
Company:	Phone:	
Full Name:	Relationship:	
Company:	Phone:	

## DISCLAIMER and SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:\_\_\_\_\_