

APPLICATION FOR EMPLOYMENT

Wayne's Environmental Services, Inc. is an equal opportunity employer and considers applicants for employment without regard to an applicant's race, color, religion, sex, age, disability, national origin or citizenship status.



Instructions:

Please print in dark ink or type. Complete all pages of this application.

PERSONAL DATA

Applicant Last Name	First	Middle Initial	Social Security Number
Present Mailing Address			Yrs/Mos. at Residence
City	County	State	Zip Code
Present Telephone No. (AreaCode/Number)			

Previous Addresses: Please indicate previous, temporary and permanent addresses covering the last seven years (use extra sheet in necessary)

Street Address	City	State	County	Dates From	To

Are you under 18 years of age? Yes No

If yes, please indicate date of birth _____

Are you a U.S. citizen or national: a permanent resident, a refugee, an asylee: or authorized to work under the temporary resident provisions of U.S. immigration law? Yes No

If you answered no, please indicate your immigration status or other authorization to work (specify) _____

Please check the type of employment program for which you are applying: Regular Term (Limited Duration)

Temporary Employment: Supplemental Summer

On what date would you be available to begin work? _____ Salary desired _____ per _____

Many WES, Inc jobs require one or more of the following conditions, and an inability to satisfy these work schedules may limit further consideration of your application. Please indicate whether you are able to perform:

- A. Shift Work? Yes No C. A rotational work schedule? Yes No
 B. Overtime Work? Yes No D. A work schedule that includes Saturday? Yes No

EMPLOYMENT EXPERIENCE

Please list your job history for the past seven years or last four employers, including volunteer or unpaid experience, starting with your current or most recent position: Include any periods in which you were not employed and explain what you were doing during that time. Include U.S. military experience (show rank/rate at discharge), summer/part-time jobs and cooperative education assignments. Please complete all appropriate items, even if you have already provided us with a resume.

CURRENT EMPLOYER NAME			Starting Date Mo. Yr.		Leaving Date Mo. Yr.		_____ Full-Time _____ Part-Time	
Street Address			City		Starting Base Salary		Final Base Salary	
If part-time, approx. hrs/wk worked			Employer Telephone No.		Starting Position Title		Current Position Title	
County	State	Zip Code	Employer Telephone No.		Starting Position Title		Current Position Title	
Explain reason for leaving					Name of Current Supervisor		Supervisor's Position Title	
Is your current work performance satisfactory? _____ Yes _____ No					May we contact your present employer? _____ Yes _____ No		If no, when?	
Please describe your responsibilities and/or accomplishments: (use extra sheet if necessary)								

EMPLOYER NAME			Starting Date Mo. Yr.		Leaving Date Mo. Yr.		_____ Full-Time _____ Part-Time	
Street Address			City		Starting Base Salary		Final Base Salary	
If part-time, approx. hrs/wk worked			Employer Telephone No.		Starting Position Title		Last Position Title	
County	State	Zip Code	Employer Telephone No.		Starting Position Title		Last Position Title	
Explain reason for leaving					Name of Last Supervisor		Supervisor's Position Title	
Please describe your responsibilities and/or accomplishments: (use extra sheet if necessary)								

EMPLOYER NAME			Starting Date Mo. Yr.		Leaving Date Mo. Yr.		_____ Full-Time _____ Part-Time	
Street Address			City		Starting Base Salary		Final Base Salary	
If part-time, approx. hrs/wk worked			Employer Telephone No.		Starting Position Title		Last Position Title	
County	State	Zip Code	Employer Telephone No.		Starting Position Title		Last Position Title	
Explain reason for leaving					Name of Last Supervisor		Supervisor's Position Title	
Please describe your responsibilities and/or accomplishments: (use extra sheet if necessary)								

EMPLOYER NAME			Starting Date Mo. Yr.		Leaving Date Mo. Yr.		_____ Full-Time _____ Part-Time	
Street Address			City		Starting Base Salary		Final Base Salary	
If part-time, approx. hrs/wk worked			Employer Telephone No.		Starting Position Title		Last Position Title	
County	State	Zip Code	Employer Telephone No.		Starting Position Title		Last Position Title	
Explain reason for leaving					Name of Last Supervisor		Supervisor's Position Title	
Please describe your responsibilities and/or accomplishments: (use extra sheet if necessary)								

EDUCATION AND TRAINING

Please complete all appropriate items, even if you have already provided us with a resume.

High School Name/Address	City	County	State	Zip Code
Graduated: _____ Yes _____ No	Type of Diploma, Degree or Certificate	If you obtained an equivalency diploma, please indicate date:		

School Name/Address	City	County	State	Zip Code
How long did you attend this school?	Major Field of Study	Minor Field of Study		
Type of School (Check One) _____ Vocational Schools Technical Institutes, Community and Junior College	_____ All other Colleges or Universities _____ Other Training-Include Military Schools	Graduated _____ Yes _____ No _____ Yes _____ No	Type of Diploma, Degree, or Certificate (if no, total credits) _____ _____	

School Name/Address	City	County	State	Zip Code
How long did you attend this school?	Major Field of Study	Minor Field of Study		
Type of School (Check One) _____ Vocational Schools Technical Institutes, Community and Junior College	_____ All other Colleges or Universities _____ Other Training-Include Military Schools	Graduated _____ Yes _____ No _____ Yes _____ No	Type of Diploma, Degree, or Certificate (if no, total credits) _____ _____	

School Name/Address	City	County	State	Zip Code
How long did you attend this school?	Major Field of Study	Minor Field of Study		
Type of School (Check One) _____ Vocational Schools Technical Institutes, Community and Junior College	_____ All other Colleges or Universities _____ Other Training-Include Military Schools	Graduated _____ Yes _____ No _____ Yes _____ No	Type of Diploma, Degree, or Certificate (if no, total credits) _____ _____	

List other skills or training completed:

EMPLOYEE SECURITY DATA SHEET

Applicant Last Name	First	Middle Initial	Social Security Number
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Please provide accurate and complete information in response to the following questions. This information will be taken into account in the employment process. Do not include in response to any of the questions below: arrests without convictions or incarcerations for which a record has been sealed or expunged. Please note that a criminal record will not necessarily disqualify you from employment.

1. In the last seven years, have you been convicted of or pleaded guilty to a crime or other offense?
Include military service convictions or guilty pleas. _____ Yes _____ No
2. Are you currently on parole, probation, work release program, conditional release or serving a weekend sentence as a result of a conviction or guilty plea? _____ Yes _____ No
3. In the last seven years, have you been confined (incarcerated) as a result of the sentence of any court? (Include incarcerations resulting from the sentence of a military court or similar proceeding.) _____ Yes _____ No

If you have answered "yes" to any of the above questions, please provide the following information for each situation:

If not, please go directly to question number 4 below.

- a) The date, place of the offense and charge:

- b) The location of the court and the sentence imposed or other disposition of the matter as a result of a conviction or guilty plea:

- c) Any other information that you believe is pertinent to our full understanding of this matter:

- 4) Are you presently under indictment or are you currently a defendant in any criminal proceeding? _____ Yes _____ No
If you have answered "yes", please provide the following information:

- a) The date and place of the occurrence leading to the indictment or pending charge, and the charge;

- b) Where and when a trial is scheduled in connection with the indictment or pending charge;

Please read carefully before signing below.

You are advised that WES, Inc. may request that a report be prepared to verify the information provided. If you are being considered for a position requiring driving a WES, Inc. vehicle, a report examining your driving record may also be requested. Your signature below authorizes WES, Inc. to obtain these reports. Your signature further reflects your understanding that any misrepresentation or deliberate omission of a fact on the Security Data Sheet will justify terminating consideration of your application for employment or, if employed, terminating your employment.

COMPLETE ONLY IF YOU WILL BE REQUIRED TO DRIVE A COMPANY VEHICLE.

Do you have a valid driver's license? _____ Yes _____ No License # _____

Has your license ever been revoked, denied, suspended or canceled? _____ Yes _____ No
If yes, explain: _____

How many accidents have you had in the past 5 years? _____ Are all fines paid? _____

DUI's in the past 5 years? _____ Dates: _____

How many "at fault" accidents have you had in the last 5 years? _____

Are all accidents settle? _____

Signature of Applicant _____ Date: _____

General Information

Have you ever applied at Wayne's Environmental Services? _____ Yes _____ No Dates: _____ Location: _____

Please read the following statements carefully, as they represent matters of importance to both you and WES, Inc. in connection with the application for employment.

I understand that:

1. The information that I have provided on this application, including the Security Data Sheet, is accurate to the best of my knowledge. Any misrepresentation or deliberate omission in my application, resume or any other materials will be justification for refusal of employment or termination of employment.

2. WES, Inc. may verify all the information that I have provided and may have an investigative report prepared.

I voluntarily authorize WES, Inc. to verify information related to my education, employment (with the exception of current employment, until I have authorized such contact), security data (including driver's license record, if a job requirement is to drive a WES, Inc. vehicle), and I release from liability all persons or entities supplying or collecting such information.

3. A drug screening urinalysis is required if an offer of employment is made. Failure to successfully complete the required drug screening or medical assessment will result in withdrawal of an offer.

4. Although management attempts to accommodate individual circumstances, including religious observance requirements, business needs may at times make the following conditions required: overtime, shift work, a rotating work schedule or a schedule that includes Saturday and Sunday.

5. I will provide appropriate documentation establishing my identity and employment authorization prior to employment as required to complete the U.S. Government Employment Eligibility Verification Form.

6. WES, Inc. may terminate my employment for any reason, with or without cause, and I am free to terminate my employment at any time for any reason.

Signature of Applicant: _____

WAYNE'S ENVIRONMENTAL SERVICES, INC.
AUTHORIZATION FOR RELEASE OF INFORMATION
FOR EMPLOYMENT

In connection with my application for employment, I authorize Background America, Inc., and their respective agents to solicit information about my background including, but not limited to, information as to my employment, education, consumer credit history, military service, driving record, criminal record and/or public records history. I authorize all persons who may have information relevant to this investigation to disclose said information. I release from my liability all persons, companies, governmental or other agencies and corporations disclosing such information. I hereby further authorize that a photocopy of this authorization may be considered as an original.

I also authorize the procurement of an investigative consumer report. I understand that such investigative consumer report may obtain information about my background, mode of living, character and personal reputation; and that I must request this information in writing within a reasonable time after being advised of such searches.

I authorize, without reservation, any person, agency or other entity contacted by Background America, Inc., its agents, to furnish the above-mentioned information.

Signature

Date

Social Security Number

Name Typed or Printed

Date of Birth

Sex (M/F)

Complete Mailing Address

County of Residence

Driver's License Number

State Issued

*This information is voluntary. However without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.