**APPLICATION FOR EMPLOYMENT**

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status or non-job related disability. You will be considered only for the specific position for which you apply. If you want to be considered for other openings, you must reapply. Your application will be retained in our active file for 3 months. You should reapply if you wish to be considered after that time.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Potential first day of employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Applied for

Name Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Current Mailing Address:

Street

Phone

City State Zip Code

Duration \_\_\_\_\_\_\_ years \_\_\_\_\_\_\_ months

Prior Mailing Address:

Street

City State Zip Code

Duration \_\_\_\_\_\_\_ years \_\_\_\_\_\_\_ months

Do you have the legal right to work in the United States?

Have you applied for a position at Sunrise before? If yes, when?

Have you worked for Sunrise before? If yes, where?

Dates: From to Rate of Pay Position

Are you now employed? If not, how long since leaving last employment?

Rate of pay expected What date could you start work?

How were you referred to Sunrise:

Ad Friend Relative Agency (Name ) Other

When are you available to work? Full time Part time Temporary Nights Days

Can you work overtime as necessary?

Do you have a valid Drivers License?

Have you ever been convicted of a felony? When?

If yes, please explain in detail (i.e., crime, place, etc.)

Have you ever been convicted of a DUI (driving under the influence)? When?

Have you ever failed or refused to submit to a drug and/or alcohol test? When?

Do you live within 30 minutes of Thomas, WV? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

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

Last School attended : Name City

List any skills, special knowledge, degrees or licenses that would be helpful or required for the position for which you are applying?

# EMPLOYMENT EXPERIENCE

List last three employers. If you have additional related experience, you may request and add another page. May we contact your current employer?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EMPLOYER | | | DATE | | |
| NAME | | | FROM  MO YR | TO MO | YR |
| ADDRESS | | | POSITION HELD | | |
| CITY | STATE | ZIP | SALARY/WAGE | | |
| CONTACT PERSON | PHONE NUMBER | | REASON FOR LEAVING | | |
| Were you subject to the FMCSRs while employed? | | | Yes No | | |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | | | Yes No | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EMPLOYER | | | DATE | | |
| NAME | | | FROM  MO YR | TO MO | YR |
| ADDRESS | | | POSITION HELD | | |
| CITY | STATE | ZIP | SALARY/WAGE | | |
| CONTACT PERSON | PHONE NUMBER | | REASON FOR LEAVING | | |
| Were you subject to the FMCSRs while employed? | | | Yes No | | |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | | | Yes No | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EMPLOYER | | | DATE | | |
| NAME | | | FROM  MO YR | TO MO | YR |
| ADDRESS | | | POSITION HELD | | |
| CITY | STATE | ZIP | SALARY/WAGE | | |
| CONTACT PERSON | PHONE NUMBER | | REASON FOR LEAVING | | |
| Were you subject to the FMCSRs while employed? | | | Yes No | | |
| Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | | | Yes No | | |

# REFERENCES

List at least 3 references. If you need, you may add an additional page. May we contact your references?

|  |  |  |
| --- | --- | --- |
| NAME | OCCUPATION | PHONE NUMBER |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

# VETERAN STATUS

Which branch of service did you serve? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: From\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

What was your rank in the military? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discharge: Honorable or Otherwise

Are you now a member of the National Guard? Yes or No

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

# AGREEMENT

I certify that the answers given in this employment application are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information given in my application or interview(s) may disqualify me from further consideration or lead to my immediate dismissal from employment if I am hired. I also understand that if hired, I am required to abide by all rules and regulations of Sunrise. I agree to notify Sunrise immediately if I am ever convicted of a felony or any crime involving dishonesty or substance abuse, drug use, possession, or trafficking either while my job application is pending or during my period of employment, if I am hired.

I understand that neither this application nor any statement made to me during any pre-employment discussions or during employment with Sunrise can create a contract of employment. I understand that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time by the terms in this employment application form.

Signature of Applicant Date

\*If any part of this application has not been completed this application will NOT be considered\*

Please Email, Fax, or Mail this application to:

Sunrise Sanitation Services

P.O. Box 675

Oakland, MD 21550

301-334-6212—Office

301-334-6215—Fax

sunrise@sunrisesanitationservices.com

**Driver/LABORER/MECHANIC Application for Employment Addendum**

Accident record for the past 3 years or more (Attach sheet if more space is needed) if none, write none.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATES | | NATURE OF ACCIDENT | FATALITIES | INJURIES | HAZ-MAT SPILL |
| LAST ACCIDENT |  |  |  |  |  |
| NEXT PREVIOUS |  |  |  |  |  |
| NEXT PREVIOUS |  |  |  |  |  |

Traffic convictions and forfeitures for the past 3 years (other than parking violations) if none, write none.

|  |  |  |  |
| --- | --- | --- | --- |
| LOCATION | DATE | CHARGE | PENALTY |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*(Attach additional sheet if necessary)*

**Experience and Qualifications—Driver**

List all driver license or permits held in the past 3 years*.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DRIVER LICENSES | STATE | LICENSE # | TYPE | EXP. DATE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes No

1. Has any license, permit or privilege ever been suspended or revoked?

Yes No

If the answer to either question 1 or 2 above is “Yes”, please explain:

**Driving Experience**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Class of Equipment** | | | **Type of Equipment**  *(Circle all that apply)* | **Dates**  From To | | Approx # of Miles (Total) |
| Straight Truck | Yes | No | Rear-loader, Roll-off, Front-loader, Tank, Dump, Box, Flat, Reefer, Other: |  |  |  |
| Tractor & Semi-Trailer | Yes | No | Roll-off, Tank, Dump, Box, Flat, Reefer, Other: |  |  |  |
| Other: | | | Type: |  |  |  |

List states operated in for the last 5 years:

List special course or training that will help you as a driver:

Do you hold any safe driving awards? If so, from whom?

List any trucking or special experience that my help in your employment with this company:

List any other training you have taken not listed:

List any special equipment you have operated (other than those listed above):

**Experience and Qualifications – Other**

**PERSONAL ATTRIBUTES**

|  |  |  |
| --- | --- | --- |
| ARE YOU Timely? | Yes | No |
| DO YOU MAINTAIN A Positive Attitude? | Yes | No |
| Do you work well in a team? | Yes | No |
| Do you work well individually? | Yes | No |
| Are you detail oriented? | Yes | No |
| ARE YOU WILLING TO ASSIST IN OTHER AREAS? | Yes | No |

**EQUIPMENT EXPERIENCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF EQUIPMENT** | **PREVIOUSLY OPERATED?** | | **SELF-ASSESSMENT** | | | |
|  | **YES** | **NO** | **EXCELLENT** | **AVERAGE** | **FAIR** | **NO EXPERIENCE** |
| BUCKET TRUCK |  |  |  |  |  |  |
| SKID STEER |  |  |  |  |  |  |
| BULLDOZER |  |  |  |  |  |  |
| BACKHOE |  |  |  |  |  |  |
| CHAINSAW |  |  |  |  |  |  |
| GRASS TRIMMER |  |  |  |  |  |  |
| LOG SPLITTER |  |  |  |  |  |  |
| LAWN MOWER |  |  |  |  |  |  |
| BRUSH HOG |  |  |  |  |  |  |
| SANDBLASTER |  |  |  |  |  |  |

**Other Skills**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SKILLSET** | **PRIOR EXPERIENCE** | | **SELF-ASSESSMENT** | | | |
|  | **YES** | **NO** | **EXCELLENT** | **AVERAGE** | **FAIR** | **NO EXPERIENCE** |
| ELECTRICAL |  |  |  |  |  |  |
| PLUMBING |  |  |  |  |  |  |
| CARPENTRY |  |  |  |  |  |  |
| PAINTING (ROLLER, BRUSH) |  |  |  |  |  |  |
| AUTO BODY REPAIR |  |  |  |  |  |  |
| AUTO PAINTING |  |  |  |  |  |  |
| MECHANICAL |  |  |  |  |  |  |
| WELDING AND METAL FABRICATION |  |  |  |  |  |  |
| CLEANING AND ORGANIZING |  |  |  |  |  |  |
| GENERAL LABOR |  |  |  |  |  |  |