

**Thomas Refuse Service, Inc.**  
**Sierra Waste Transfer, Inc.**  
An Equal Opportunity Employer  
**Employment Application**  
Tel (760) 379-2618 Fax (760) 379-6176

**Please Print**

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

**Name:** \_\_\_\_\_  
Last First Middle

**Telephone No** ( ) \_\_\_\_\_ **Social Security No.** - -

**Present Address** \_\_\_\_\_  
No. Street City State Zip

**Permanent Address if different from present address:**

\_\_\_\_\_

No. Street City State Zip

**Employment Desired**

**Position applying for:** \_\_\_\_\_

**Are you applying for:**

**Regular full-time work?** \_\_\_\_\_ **Yes** **No** \_\_\_\_\_

**Regular part-time work?** \_\_\_\_\_ **Yes** **No** \_\_\_\_\_

**Temporary work, e.g., summer or holiday work?** \_\_\_\_\_ **Yes** **No** \_\_\_\_\_

**What days and hours are you available for work?** \_\_\_\_\_

**If applying for temporary work, during what period of time will you be available?**

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**Are you available for work on weekends?** \_\_\_\_\_ **Yes** **No** \_\_\_\_\_

**Would you be available to work overtime, if necessary?** \_\_\_\_\_ **Yes** **No** \_\_\_\_\_

**If hired, on what date can you start work?** \_\_\_\_\_

**Salary desired:** \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for Thomas Refuse/Sierra Waste before?.....Yes    No   

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Thomas Refuse/Sierra Waste?.....Yes    No   

If yes, state name(s) and relationship \_\_\_\_\_

Why are you applying for work at Thomas Refuse/Sierra Waste? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?.....Yes    No   

Are you at least 18 years old?.....Yes    No     
(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....Yes    No   

Are you able to perform the necessary functions of the job for which you are applying?.....Yes    No   

If no, describe the functions that cannot be performed. \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests.)

Are you currently employed?.....Yes    No   

If so, may we contact your current employer?.....Yes    No

## Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate	Degree/Diploma
--------	------------------	------------------------	------------------	----------------

High School \_\_\_\_\_

College/University \_\_\_\_\_

Vocational/Business \_\_\_\_\_

Other \_\_\_\_\_

Do you have any other experience, training, qualifications or skills that make you especially suited for work at Thomas Refuse/Sierra Waste? If so, please explain \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Answer the Following Questions if you are Applying for a Driving Position

Do you hold a valid Drivers License?.....Yes \_\_\_ No \_\_\_

Type of License Including Certifications \_\_\_\_\_

Issuing State \_\_\_\_\_

License number \_\_\_\_\_

Has your license/certification(s) ever been revoked or suspended? .....Yes \_\_\_ No \_\_\_

If yes, state reason(s), date of revocation or suspension and date of reinstatement \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Note: Under California State Law a current DMV printout of an applicant's driving history must be provided to the employer before the applicant can be given a commercial driving position.)

## Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
                    No.                    Street                    City                    State                    Zip

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
                    No.                    Street                    City                    State                    Zip

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Attach additional page(s) if necessary.

## Military Service

Have you obtained any special skills or abilities as the result of service in the military?... Yes \_\_\_ No \_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Occupation: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Number of years Acquainted \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Occupation: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Number of years Acquainted \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Occupation: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Number of years Acquainted \_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Thomas Refuse Service Inc./Sierra Waste Transfer, Inc. to obtain any investigative consumer report regarding your general reputation, character, personal characteristics, and mode of living. In compliance with the Federal Fair Credit Reporting Act (FCRA), an applicant for employment or employee seeking promotion, may request a copy of any report that is prepared by initialing here \_\_\_\_\_.

\_\_\_\_\_ I hereby authorize Thomas Refuse Service Inc./Sierra Waste Transfer, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I further authorize the references I have listed to disclose any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Thomas Refuse Service Inc./Sierra Waste Transfer Inc. my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration will be conducted under the rules of the Commercial Arbitration Rules of the American Arbitration Association and will be heard by a referee at a location within the greater Bakersfield area of Kern County, California. Each party shall be responsible for its own attorney's fees and/or expenses of its witnesses and other expenses connected with presenting their case.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Thomas Refuse Service, Inc./Sierra Waste Transfer, Inc. And that no promises or representations contrary to the foregoing are binding unless made in writing and signed by me and the president of Thomas Refuse Service, Inc./Sierra Waste Transfer, Inc.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_ President \_\_\_\_\_  
Thomas Refuse Service, Inc.

# Equal Employment Opportunity Data

To be completed by applicant:

Completion of this form is entirely *voluntary*, and all information will remain confidential and will *not* affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will *not* become part of your personnel record if you are hired by this company.

Name: \_\_\_\_\_

Sex:  Male  Female

Race/Ethnicity:  American Indian/Alaskan Native  
 Asian/Pacific Islander  
 Black  
 Hispanic  
 White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

Vietnam Era Veteran  
 Disabled Veteran  
 Individual with a Disability

---

To be completed by employer:

EEO-1 Category:  1. Officials and managers  6. Crafts - skilled  
 2. Professionals  7. Operatives - semi-skilled  
 3. Technicians  8. Laborers - unskilled  
 4. Sales  9. Service workers  
 5. Office and clerical

Employer information completed by:

Name \_\_\_\_\_ Date \_\_\_\_\_



DRIVER APPLICANT: Sign on Driver's Signature Line Only. Request extras if needed.

INQUIRY TO PAST EMPLOYERS

ALCOHOL AND CONTROLLED SUBSTANCE TESTING VERIFICATION FORM

TO: \_\_\_\_\_ FROM: THOMAS REFUSE SERVICE, INC.  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_ 2000 CHAIN AVE/P.O. BOX 3027  
City: \_\_\_\_\_ LAKE ISABELLA, CA 93240  
State: \_\_\_\_\_ PHONE: (760) 379-2618  
Fax: \_\_\_\_\_ FAX: (760) 379-6176

WAVER

I \_\_\_\_\_, SS# \_\_\_\_\_, hereby authorize \_\_\_\_\_ on this date \_\_\_\_\_ to release all information (written, oral or by phone) concerning the positive results of any controlled substance and alcohol testing, or refusal to test for same, within the past two years and any evaluations or determinations as a consequence of said positive results or refusal to test, too the above-mentioned company (or their authorized agents) which may request such information in connection with my application for employment. I hereby release you from any and all liability of any type as a result of providing the requested information to the requesting organization.

Drivers Signature: \_\_\_\_\_

In accordance with section 382, 413 of the Federal Motor Carrier Safety Regulations, and with the applicants consent, we are requesting information regarding alcohol and controlled substance positive test results conducted under DOT regulations while driving for your organization.

1. Did a DOT alcohol test, conducted within the past two years, confirm a BAC of 0.04 or greater? YES NO
2. Did a DOT Controlled Substance test, performed within the past two years, result in a confirmed "Positive" result? YES NO
3. Did this person refuse to be tested as required by the DOT regulations? YES NO
4. If the answer to any of the above questions is "YES", please provide:  
A) Date of Positive test or refusal: \_\_\_\_\_  
B) Type of test: Alcohol Controlled Substance Both  
C) Did this person return to duty with your organization following evaluation by a Substance Abuse Professional? YES NO
5. Did this person have any other violations of DOT drug and alcohol testing regulations that you are aware of?  
YES NO \*\*\* If so please explain: \_\_\_\_\_
6. Do you have any information from previous employers of this person regarding violations of the DOT drug and alcohol regulations within the last 2 years? If so, please list dates and previous employer (s):  
\_\_\_\_\_

\_\_\_\_\_  
Name of individual providing information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title