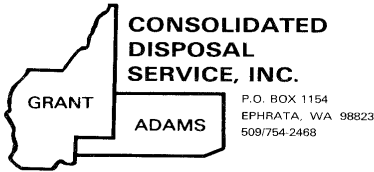


DRIVER'S APPLICATION FOR EMPLOYMENT



Company: **Consolidated Disposal Services, Inc.**
Address: **2370 Basin St. SW - PO Box 1154**
City/State: **Ephrata, WA 98823**

(Please answer all questions- please print)

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

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State Zip Code Phone _____ How long? _____

Previous Address _____ How long? _____

Street City State & Zip Code

Street City State & Zip Code How long? _____

Street City State & Zip Code

Street City State & Zip Code How long? _____

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

Date of Birth ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer			Date	
Name			From MO. YR	To MO. YR
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for leaving	

Employer			Date	
Name			From MO. YR	To MO. YR
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for leaving	

Employer			Date	
Name			From MO. YR	To MO. YR
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for leaving	

Employer			Date	
Name			From MO. YR	To MO. YR
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for leaving	

Employer			Date	
Name			From MO. YR	To MO. YR
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for leaving	

Employer			Date	
Name			From MO. YR	To MO. YR
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for leaving	

Employer			Date	
Name			From MO. YR	To MO. YR
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for leaving	

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE AND QUALIFICATIONS – OTHER

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)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and 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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information 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.

_____ Date

_____ Applicant's Signature

PROCESS RECORD

Applicant Hired _____ Rejected _____

Date Employed _____ Point Employed _____

Department _____ Classification _____

(If rejected, summary report of reasons should be placed in file)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Criminal and Traffic Convictions						

Signature of Interviewing Officer _____

TRANSFERS

From: _____ To: _____

Date: _____

Reason for Transfer: _____

From: _____ To: _____

Date: _____

Reason for Transfer: _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____ Department Released from: _____

Dismissed: _____ Voluntarily Quit: _____ Other: _____

Termination Report Placed in file: _____ Supervisor: _____

Accident Record for Past 3 years or more (Attach sheet if more space is needed) If none, write none

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) If none, write none

Location	Date	Charge	Penalty

(Attach Sheet if more space is needed)

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4
 Last School Attended _____
 (Name) (City)

EXPERIENCE AND QUALIFICATIONS – DRIVER

State	License Number	Type	Expiration Date
Driver			
Licenses			

- 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 _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

Driving Experience: If none, write none

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates		Approx. number of miles (Total)
		From	To	
Straight Truck				
Tractor or Semi-trailer				
Tractor – Two trailers				
Motor coach – School Bus				
Other:				

List states operated in for last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least two years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company—To be completed by the company or the agent of the company

PRINT or TYPE Company name	
Agent company name (if applicable)	
Company/Agent company address	
Authorized representative name	Title
<p>Answer the following</p> <p>1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Certification</p> <p><i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p>	
<p>_____</p> <p>Date and place signed</p>	<p>X</p> <p>_____</p> <p>Authorized representative signature</p>

Employee, prospective employee, or volunteer—Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
<p>Authorization from</p> <p><input type="checkbox"/> Employee—for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment</p> <p><input type="checkbox"/> Prospective employee—for release of my driving record for employment purposes, not to exceed 30 days from date signed</p> <p><input type="checkbox"/> Volunteer—for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization</p>		
Employer, prospective employer, or volunteer organization name		
Employer agent company name if acting on behalf of the company for employment purposes		
<p>Authorization</p> <p><i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i></p>		
<p>X</p> <p>_____</p> <p>Signature</p>		<p>_____</p> <p>Date</p>