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Dedicated to Serving God and Country

APPLICATION FOR AT-WILL EMPLOYMENT

WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER.

INSTRUCTIONS: PLEASE FURNISH COMPLETE AND ACCURATE INFORMATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. ALL INFORMATION WILL BE VERIFIED IN COMPLIANCE WITH FEDERAL, STATE & LOCAL LAWS. UNLESS OTHERWISE STATED ALL POSITIONS ARE OF A FULL TIME NATURE.

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NO. ____/____/____	
CURRENT PLACE OF RESIDENCE		CITY	STATE	ZIP CODE
TELEPHONE NUMBER	ARE YOU AT LEAST 18 YEARS OF AGE? IF NOT, PLEASE STATE YOUR AGE:	ARE YOU LAWFULLY ENTITLED TO BE EMPLOYED IN THE UNITED STATES ? _____		
POSITION APPLYING FOR	TODAY'S DATE:	DATE YOU CAN START:	SALARY DESIRED \$ _____ HOUR	
DID YOU EVER APPLY TO THIS COMPANY BEFORE ? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN _____ WHERE _____				
HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE LAST 7 YEARS (Conviction will not necessarily disqualify you from employment) Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, PLEASE EXPLAIN: _____ _____				
HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES ? YES <input type="checkbox"/> NO <input type="checkbox"/> IF SO, WHAT BRANCH _____ DID YOU RECEIVE AN HONORABLE DISCHARGE ? YES <input type="checkbox"/> NO <input type="checkbox"/> Dishonorable will not necessarily disqualify you from employment				
ARE YOU EMPLOYED NOW? _____ MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application _____ _____				
EDUCATION				
	NAME AND ADDRESS OF SCHOOL	NO. OF YRS ATTENDED	DID YOU GRADUATE ?	SUBJECT MAJOR
ELEMENTARY				
HIGH SCHOOL				
COLLEGE OR TRADE				

LICENSE & D.O.T. (ONLY COMPLETE FOR DRIVING POSITIONS)

DO YOU POSSESS A VALID DRIVER'S LICENSE? YES NO STATE _____ NO. _____ EXP _____

DO YOU HAVE A "CDL" YES NO CLASS _____ ENDORSEMENTS _____ RESTRICTIONS _____

WHEN WAS YOUR MOST RECENT D.O.T. PHYSICAL _____ WHERE _____

IF YOU HAVE RESTRICTIONS ON YOUR LICENSE, PLEASE EXPLAIN _____

1. HAVE YOU EVER BEEN DENIED A LICENSE OR PRIVILEGE TO OPERATE A VEHICLE? YES NO
2. HAVE YOU EVER HAD YOUR LICENSE OR PRIVILEGE SUSPENDED OR REVOKED? YES NO
3. HAVE YOU BEEN DISQUALIFIED SUBJECT TO SECTION 391.15 OF THE FEDERAL MOTOR CARRIER REGS? YES NO

IF YOU ANSWERED "YES" TO 1, 2, OR 3, PLEASE ATTACH A STATEMENT GIVING DETAILS

COMMERCIAL MOTOR VEHICLE OR PASSENGER MOTOR VEHICLE ACCIDENTS (LAST 5 YEARS)

DATE	LOCATION OF ACCIDENT-STREET, CITY, STATE	FATALITIES	INJURIES

LIST ALL TRAFFIC VIOLATIONS/CONVICTIONS

DATE	LOCATION	OFFENSE	PENALTY

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (MIXER, VAN, ETC)	DATES FROM TO	APPROXIMATE MILES
STRAIGHT TRUCK			
TRACTOR & SEMI TRLR			
TWIN TRAILERS			
OTHER			

SPECIAL DRIVER COURSES & AWARDS	
COURSE	DATE RECEIVED
AWARDS	FROM WHOM

REFERENCES			
NAME	ADDRESS & TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

EMPLOYMENT HISTORY
 CDL POSITIONS-YOU MUST PROVIDE 10 YEARS OF EMPLOYMENT HISTORY
 ALL OTHER APPLICANTS-YOU MUST PROVIDE 5 YEARS OF EMPLOYMENT HISTORY.

COMPANY NAME _____

ADDRESS _____ FROM: _____ TO: _____

TELEPHONE NUMBER _____ SUPERVISOR NAME _____

JOB TITLE _____ BASE EARNINGS _____

REASON FOR LEAVING _____

COMPANY NAME _____

ADDRESS _____ FROM: _____ TO: _____

TELEPHONE NUMBER _____ SUPERVISOR NAME _____

JOB TITLE _____ BASE EARNINGS _____

REASON FOR LEAVING _____

EMPLOYMENT HISTORY (CONTINUED)

COMPANY NAME _____

ADDRESS _____ FROM: _____ TO: _____

TELEPHONE NUMBER _____ SUPERVISOR NAME _____

JOB TITLE _____ BASE EARNINGS _____

REASON FOR LEAVING _____

COMPANY NAME _____

ADDRESS _____ FROM: _____ TO: _____

TELEPHONE NUMBER _____ SUPERVISOR NAME _____

JOB TITLE _____ BASE EARNINGS _____

REASON FOR LEAVING _____

COMPANY NAME _____

ADDRESS _____ FROM: _____ TO: _____

TELEPHONE NUMBER _____ SUPERVISOR NAME _____

JOB TITLE _____ BASE EARNINGS _____

REASON FOR LEAVING _____

COMPANY NAME _____

ADDRESS _____ FROM: _____ TO: _____

TELEPHONE NUMBER _____ SUPERVISOR NAME _____

JOB TITLE _____ BASE EARNINGS _____

REASON FOR LEAVING _____

COMPANY NAME _____

ADDRESS _____ FROM: _____ TO: _____

TELEPHONE NUMBER _____ SUPERVISOR NAME _____

JOB TITLE _____ BASE EARNINGS _____

REASON FOR LEAVING _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING TO INDICATE YOUR UNDERSTANDING

I HEREBY UNDERSTAND AND AGREE THAT IF HIRED MY EMPLOYMENT IS AT –WILL. THIS MEANS THAT, IF HIRED, EITHER BAVARIAN TRUCKING COMPANY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY REASON.

- A) I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED; FALSIFIED STATEMENTS ON THIS APPLICATION MAY RESULT IN TERMINATION.
- B) I HEREBY AUTHORIZE MY PREVIOUS EMPLOYERS CONTACTED BY BAVARIAN TRUCKING COMPANY TO FULLY RESPOND TO ALL INQUIRIES CONCERNING SUCH PREVIOUS EMPLOYMENT. I WAIVE PRIOR WRITTEN NOTICE OF DISCLOSURE OF MY PERSONAL RECORD INFORMATION, INCLUDING DISCIPLINARY REPORTS, LETTERS OF REPREMAND OR OTHER DISCIPLINARY ACTION. I ALSO AUTHORIZE EDUCATIONAL INSITUIONS TO RELEASE INFORMATION RELATIVE TO MY CLAIMED DEGREE OF ACHIEVEMENTS. IN CONSIDERATION OF THE ACCEPTANCE OF MY APPLICATION, I RELEASE BAVARIAN TRUCKING COMPANY, MY PREVIOUS EMPLOYERS AND EDUCATIONAL INSTITUTIONS FROM ANY AND ALL LIABILITY ARISING OUT OF SUCH A RESPONSE AND DISCLOSURE.
- C) **I UNDERSTAND THAT EMPLOYMENT BY BAVARIAN TRUCKING COMPANY IS CONTINGENT UPON:**
 - ✓ PROVIDING TO BAVARIAN TRUCKING COMPANY A COPY FROM THE STATE MOTOR VEHICLE AGENCY OF A REPORT SHOWING THE FULL MOTOR VEHICLE VIOLATION (CDL AND/OR APPLICANTS WHO MAY OPERATE COMPANY VEHICLES) AND,
 - ✓ I UNDERSTAND THAT BAVARIAN’S STRENGTH IS IN SERVING ITS CUSTOMERS. IF HIRED, I AGREE TO DO WHATEVER TASKS NEED TO BE DONE.
 - ✓ I UNDERSTAND THAT, PRIOR TO BEING OFFERED EMPLOYMENT, I **MAY** BE REQUESTED TO TAKE AN EMPLOYMENT EXAMINATION. I FURTHER AGREE THAT IN THE EVENT OF A POSITIVE PRE OR DURING EMPLOYMENT CONTROLLED SUBSTANCE TEST I AM AWARE THAT I HAVE THE LEGAL RIGHT TO REQUEST A SPLIT-SPECIMEN TEST PER PART 40 OF THE FMCSR AND/OR COMPANY POLICY, BUT UNDERSTAND THAT I WILL BE HELD SOLEY RESPONSIBLE FOR REPAYMENT OF SUCH TEST COST AND CAN AND WILL BE BILLED THE COST OF SUCH TEST BY BAVARIAN TRUCKING COMPANY FOR WHICH I AGREE TO FULLY REIMBURSE BAVARIAN TRUCKING COMPANY. IF I DO NOT PAY BAVARIAN TRUCKING COMPANY AS AGREED, I AM AWARE THAT THEY WILL ASSIGN THIS FOR COLLECTION, IN WHICH CASE ANY AND ALL COSTS ASSOCIATED WITH COLLECTION OF THIS AMOUNT WILL BE ADDED TO THE ORIGINAL TEST AMOUNT AND I WILL BE SOLEY RESPONSIBLE FOR THIS ALSO.
 - ✓ I UNDERSTAND THAT A BACKGROUND CHECK WILL BE CONDUCTED, BUT ALSO UNDERSTAND THAT A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT. I AUTHORIZE AND HOLD HARMLESS ALL PERSONS, COMPANIES AND LAW ENFORCEMENT AGENCIES TO SUPPLY ANY INFORMATION CONCERNING MY BACKGROUND. I ALSO AUTHORIZE AND HOLD HARMLESS ANY AGENT OF THE COMPANY TO INVESTIGATE INTO MY BACKGROUND AT THE COMPANY’S DISCRETION. I AM WILLING THAT A PHOTOSTAT OF THIS AUTHORIZATION BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL.
 - ✓ IF EMPLOYED, I AGREE TO DOT MEDICAL EXAMINATIONS RECERTIFICATION (PER FMCSR) FROM TIME TO TIME DURING THE COURSE OF MY EMPLOYMENT WHENEVER REQUESTED BY BAVARIAN TRUCKING COMPANY. SUCH EXAMINATIONS WILL BE PERFORMED BY FACILITES IN COMPLIANCE WITH AND APPROVED BY THE DOT AND AT BAVARIAN TRUCKING COMPANY EXPENSE TO USUAL AND CUSTOMARY CHARGES FOR SUCH AN EXAMINATION. I HEREBY AUTHORIZE SUCH DOCTORS TO FURNISH THE RESULTS OF SUCH EXAMINATIONS TO BAVARIAN TRUCKING COMPANY. INFORMATION CONTAINED IN ALL MEDICAL REPORTS WILL BE HELD IN STRICT CONFIDENCE.
- D) IF I AM EMPLOYED BY BAVARIAN TRUCKING COMPANY, I AGREE TO COMPLY WITH ALL ORDERS, RULES, AND REGULATIONS ISSUED BY THE COMPANY. I ACKNOWLEDGE THAT SAID ORDERS, RULES, AND REGULATIONS DO NOT CONSTITUTE AN AGREEMENT FOR A TERM OF EMPLOYMENT CONTRARY TO PARAGRAPH (E) BELOW.
- E) I UNDERSTAND THAT NO SUPERVISOR OR MANAGER OTHER THAN AN OFFICER OF BAVARIAN TRUCKING COMPANY HAS THE AUTHORITY TO MAKE ANY AGREEMENT (ORAL, WRITTEN, OR IMPLIED) OR OTHER REPRESENTATIONS CONTRARY TO THE AT-WILL NOTICE ABOVE.
- F) I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR INDEFINITE PERIOD, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED WITH OR WITHOUT CAUSE, AT ANY TIME WITH OR WITHOUT NOTICE. I ALSO AGREE TO RETURN ALL UNIFORMS AND ANY BAVARIAN PROPERTY THAT MAY BE IN MY POSSESSION WHEN MY EMPLOYMENT ENDS. I UNDERSTAND THAT IF I DO NOT RETURN THIS PROPERTY THAT MY FINAL PAY WILL BE WITHHELD AND THE AMOUNT EQUAL TO THE UNIFORM COMPANY “LOSS” CHARGE TO BAVARIAN WILL BE DEDUCTED ACCORDINGLY.
- G) I HEREBY AUTHORIZE BAVARIAN TRUCKING COMPANY TO PROVIDE INFORMATION REGARDING MY EMPLOYMENT, IF HIRED UNDER THE ABOVE TERMS AND OR CONDITIONS, WITH BAVARIAN TRUCKING COMPANY TO ANY FUTURE POTENTIAL EMPLOYER WHO REQUESTS SUCH INFORMATION AS PART OF A BACKGROUND CHECK. I RELEASE BAVARIAN TRUCKING COMPANY, ANY PERSON ACTING ON BEHALF OF BAVARIAN TRUCKING COMPANY FROM ANY CLAIMS ARISING FROM RELEASE OF SUCH INFORMATION.

Date Signature

For Employer Use Only

Interviewed By: _____ Date: _____ Hired: _____ Yes _____ No

Starting Date: _____ Position: _____ Wage: _____

