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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 _____

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JOB TITLE _____ BASE EARNINGS _____

REASON FOR LEAVING _____

COMPANY NAME _____

ADDRESS _____ FROM: _____ TO: _____

TELEPHONE NUMBER _____ SUPERVISOR NAME _____

JOB TITLE _____ BASE EARNINGS _____

REASON FOR LEAVING _____

