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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 NUM | 1BER | 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 APPLY | ING FOR | TODAY'S DATE: DATE Y | | DATE Y | OU CAN START: | | LARY DESIRED HOUR |
| | PPLY TO THIS COMPAN | | YES NO | | | | |
| HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE LAST 7 YEARS (Conviction will not necessarily disqualify you from employment) Yes No IF YES, PLEASE EXPLAIN: | | | | | | | |
| HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES ? YES \square NO \square IF SO, WHAT BRANCH DID YOU RECEIVE AN HONORABLE DISCHARGE ? YES \square NO \square Dishonorable will not necessarily disqualify you from employment | | | | | | | |
| ARE YOU EMPLOYED NOW?MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful t to us in considering your application | | | | | | | |
| EDUCATION | | | | | | | |
| ELEMENTARY | NAME AND ADDRESS | OF SCHOOL | NO. OF Y ATTEND | | DID YOU GRADUA | TE ? | SUBJECT MAJOR |
| 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 | | | | | |
| /HEN WAS YOUR MOST RECENT D.O.T. PHYSICAL WHERE | | | | | |
| 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) | | | | | |
| ATE LOCATION OF ACCIDENT-STREET, CITY, STATE FATALITIES INJURIES | | | | | |
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| IST ALL TRAFFIC VIOLATIONS/CONVICTIONS | | | | | |

| LIST ALL TRAFFIC VIOLATIONS/CONVICTIONS | | | | |
|---|----------|---------|---------|--|
| DATE | LOCATION | OFFENSE | PENALTY | |
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| DRIVING EXPERIENCE | | | |
|---------------------|--|------------------|-------------------|
| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (MIXER, VAN, ETC) | DATES FROM TO | APPROXIMATE MILES |
| STRAIGHT TRUCK | | | |
| TRACTOR & SEMI TRLR | | | |
| TWIN TRAILERS | | | |
| OTHER | | | |

02/16

| DATE RECEIVED |
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| |
| FROM WHOM |
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| REFERENCES | | | |
|------------|---------------------|--------------|------------------|
| NAME | ADDRESS & TELEPHONE | RELATIONSHIP | YEARS ACQUAINTED |
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| | | | |
| | | | |

| COMPANY NAME | | |
|-----------------------|-----------------|-----|
| ADDRESS | FROM: | TO: |
| TELEPHONE NUMBER | SUPERVISOR NAME | |
| JOB TITLE | BASE EARNINGS | |
| REASON FOR LEAVING | | |
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| | | |
| | FROM: | |
| TELEPHONE NUMBER | SUPERVISOR NAME | |
| JOB TITLE | BASE EARNINGS | |
| REASON FOR LEAVING | | |
| | | |

02/16

| EMPLOYMENT HISTORY (CONTINUED |) | | |
|-------------------------------|-----------------|-----|--|
| COMPANY NAME | | | |
| ADDRESS | FROM: | TO: | |
| TELEPHONE NUMBER | SUPERVISOR NAME | | |
| JOB TITLE | BASE EARNINGS | | |
| REASON FOR LEAVING | | | |
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| COMPANY NAME | | | |
| ADDRESS | FROM: | TO: | |
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| JOB TITLE | BASE EARNINGS | | |
| REASON FOR LEAVING | | | |
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| | FROM: | | |
| | 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 | | | |
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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 INSITITUIONS 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 EXAMINIATION. 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: H | Hired:Yes1 | No |
| Starting Date: | Position: | Wage: | _ |

I hereby authorize you to release the following information to Bavarian Trucking for the purpose of investigation as required by Section 392.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from the furnishing of such information.

Applicant's Signature

Date

Applicant: Please do **not** fill out anything below this line. Sign and date above only.

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act and that information received will be used for no other purpose.

2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

Signature of Company Requestor

Date

The following named person has made application with our company for a driving position. As in accordance with section 391.23 Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

| Name of Applicant | |
|-------------------|--|
|-------------------|--|

Date of Birth _____ SS# _____

| License # | State |
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