



**Southern  
Recycling**



**COMPLETE ALL QUESTIONS TRUTHFULLY AND ACCURATELY. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Position Desired: \_\_\_\_\_ [ ] Full Time  
 [ ] Part Time Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Location applying for: \_\_\_\_\_

**PERSONAL DATA**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 (Print) Last First Middle  
 Present Address \_\_\_\_\_ How long have you lived there? \_\_\_\_\_  
 Street and Number City State Years Months  
 Previous Address \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
 Street and Number City State Years Months  
 Telephone No. ( ) \_\_\_\_\_ Cell No. ( ) \_\_\_\_\_  
 Email address: \_\_\_\_\_

Do you have a legal right to work in the United States? [ ] Yes [ ] No (you will be required to show proof of citizenship)

Have you ever worked for this Company before? [ ] Yes [ ] No  
 If Yes, please give dates and position: \_\_\_\_\_

Have you ever applied for a position with this Company before: [ ] Yes [ ] No If Yes, when? \_\_\_\_\_

How did you learn about this Company? [ ] newspaper advertisement [ ] employee  
 [ ] walk-in [ ] other

Do you have any friends or relatives working here? [ ] Yes [ ] No  
 If Yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Starting wage expected: \_\_\_\_\_ hourly \_\_\_\_\_ salary

Can you work the following? Check all that apply.

Saturday Sunday Weekdays Holidays  
 Yes  No  Yes  No  Yes  No  Yes  No

Day Evening Late Night Overtime  
 Yes  No  Yes  No  Yes  No  Yes  No

Have you ever pled guilty or "no contest" to a felony or been convicted of a felony?  Yes  No  
 If "YES", please give date and details of each: \_\_\_\_\_

NOTE: Answering "YES" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.

## RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. Please attach resume (if any).

1. Dates Worked: From _____ To _____		Salary: Starting _____ Final _____
Employer's Name _____		Your Job Title and Dates _____
Employer's Address _____ Street _____		
City _____	State _____	Zip _____
Supervisor's Name _____		Reason for Leaving _____
Supervisor's Title _____	Supervisor's Telephone No. ( ) _____	May this employer be contacted at this time for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Dates Worked: From _____ To _____		Salary: Starting _____ Final _____
Employer's Name _____		Your Job Title and Dates _____
Employer's Address _____ Street _____		
City _____	State _____	Zip _____
Supervisor's Name _____		Reason for Leaving _____
Supervisor's Title _____	Supervisor's Telephone No. ( ) _____	May this employer be contacted at this time for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

## EDUCATION

School Name	Years Completed:	Diploma/Degree	Describe Course of Study of Major	Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities
High School	9 10 11 12			
College/ University	1 2 3 4			
Trade or Correspondence				
Other School				

Only fill in this area if you are applying for a job that is clerical in nature or unless you have been instructed to do so.

### RELEVANT SKILLS

**Computers:** List software packages with which you have experience

Can you operate a 10-key calculator by touch?  Yes  No

How fast can you type? \_\_\_\_\_ words per minute

Relevant courses you are taking now

Relevant course you expect to take

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## EMERGENCY INFORMATION

In case of an accident or other emergency, who should we contact?

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home address \_\_\_\_\_  
Street City State

Telephone \_\_\_\_\_

Work address \_\_\_\_\_  
Street City State

Telephone \_\_\_\_\_

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## BUSINESS REFERENCES

**You must list three former or current business references. Please do not list personal references.**

Name	Occupation	Address	Telephone Number	Number of Years Known

## APPLICANT'S STATEMENT

I understand that use of this form does not indicate that there are positions open and does not in any way obligate this Company. If employed, I agree to abide by and observe all Company rules and regulations. I understand that any such future employment is terminable by either party at will with or without notice or cause and that any false or misleading information or omission on the application shall be sufficient cause for rejection or immediate dismissal. I further understand that no person other than the President of the Company has the authority to enter into any agreement for employment for any specified period of time or to modify or amend the provisions stated herein.

I understand that I must submit to a drug test as part of the application process and that this Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law.

I authorize the Company to investigate my background, including any criminal record. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them and I release them and their business from any liability whatsoever. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information. I understand that this application will only be considered active for 30 days. I understand that if I wish to receive consideration for employment after that time, I must reapply.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be discharged.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This Company is an Equal Opportunity Employer. All applications are considered for employment without regard to race, color, sex, age, disability, religion, national origin, or military veteran status.