

APPLICATION FOR EMPLOYMENT

Date ____/____/____

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including, but not limited to, race, age, color, religion, sex, national origin, citizenship, ancestry, physical or mental disability, veteran status or any other basis recognized by federal, state or local law.

PERSONAL BACKGROUND

Name _____ Social Security # _____
Last First Middle

Present Address _____
Street City State Zip code

Phone No. (____) _____ Referred by _____

Position Applying for _____ Date you can start ____/____/____

Full Time Part Time Specify Hours _____ Salary Desired _____

Is there any reason we may not inquire of your present employer or prior employers? If yes, please explain:

Have you ever applied to this company before? _____ Where? _____ When? _____

Are you willing to work overtime? Yes No

If driving is a requirement of the job for which you are applying, do you have a valid driver's license? Yes No

If you are a minor, can you produce the work certificate necessary to obtain employment? Yes No

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.? (Verification and completion of Form 1-9 must be submitted no later than three business days after date of hire.) Yes No

Have you ever been convicted of a felony which is substantially related to the functions or qualifications of the position(s) for which you are applying? Note: This question does not apply to convictions which have been expunged, sealed, pardoned or otherwise exonerated or eradicated. (A conviction record will not necessarily be a bar to employment.) Yes No

If yes, please describe fully the criminal conviction(s), listing the nature of the offense(s) and your rehabilitation since the conviction(s).

EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY
High School		9 10 11 12/GED	
College		1 2 3 4	
Trade, Business or Graduate School			

Specialized technical skills (e.g. computer programming/language software, equipment operation, special tools or machines).

WORK EXPERIENCE

(Please list below your last four employers, starting with your present or last place of employment.)

You may include any verifiable work performed on a volunteer basis, Internship or military service.

Date Mo./Yr.	Name, Address and Phone # of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To					
Fr.					
To					
Fr.					
To					
Fr.					
To					

REFERENCES

Please give the names of three additional work-related references whom we may call. Please do not list relatives. Individuals with no prior work experience may list school or volunteer-related references.

Name & Position	Company	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

APPLICANT CERTIFICATION - PLEASE READ CAREFULLY

I understand that this application is not a contract, offer or promise of employment. I acknowledge that employment with the company is on an employment at will basis. This means that my employment with the company can be terminated at any time, with or without cause or advance notice and acceptance of employment is not a contract of employment for any specified time. Similarly I am free to terminate my employment with the company at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by the company's president and me.

I further understand that I am responsible for being familiar with the Company's policies, rules and regulations, and I understand that the company has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent permitted by federal, state and local law, except that it will not modify its policy of employment at will. By my continued employment with the Company, I consent to any such changes.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form or relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal.

I hereby authorize the company or its agents to confirm all statements contained in this application and/or resume to the extent permitted by federal, state or local law and I agree to complete any requisite authorization forms.* I release all parties from any liability arising out of this provision and the use of such information.

Applicant's Signature _____

Date ____/____/____

*Federal law requires a separate release form when obtaining Consumer Credit Reports.





Complete Waste Removal & Recycling Services

25 NORTON PLAGE, P.O. BOX 415, PLAINVILLE, CT 06062
Phone (860) 747-1335
Fax (860) 793-2624
www.cwpm.net

New London County
Phone (860) 447-1473

Rhode Island
Phone (401) 348-3034

DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Consumer Rights Under the Fair Credit Reporting Act.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit CWPM, LLC to obtain a consumer report and/or and investigative consumer report which may include the following:

- 1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years/
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as CWPM, LLC from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize CWPM, LLC to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Driver's License Number _____ Date of Birth _____

Full Name _____ (please print clearly) Signature _____ Date _____

INSURANCE INFORMATION EXCHANGE DISCLAIMER:
THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE GIVEN ONLY BY YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN AND NO CLAIM THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.

MANDATORY USE FOR ALL ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with CWPM, LLC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize CWPM, LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**