



**THREE RIVERS  
RECYCLING LLC**

## Application for Employment

We are an Equal  
Opportunity Employer and  
is committed to excellence  
through diversity.

The application must be  
fully completed to be  
considered. Please  
complete each section,  
even if you attach a  
resume.

### Personal Information

Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have You Ever Been Convicted Of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Selected For Employment, Are You Willing To Submit to a Pre-Employment Drug Screening Test? Yes <input type="checkbox"/> No <input type="checkbox"/>				

### Position

Position You Are Applying For	Available Start Date	Desired Pay
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Employment Desired

☐ Full Time      ☐ Part Time

### Education

School Name	Location	Years Attended	Degree Received	Major

## References

Name	Title	Company	Phone

## Employment History

Employer (1)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (4)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

## Employment Questionnaire

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY.

1. DO YOU HAVE ANY PHYSICAL CONDITIONS THAT WOULD PREVENT YOU FROM PERFORMING THE JOB THAT YOU ARE APPLYING FOR? YES NO  
IF YES, WHAT ARE YOUR LIMITS \_\_\_\_\_
2. HAVE YOU EVER BEEN INJURED ON THE JOBSITE? YES NO  
IF YES, WHERE AND WHEN \_\_\_\_\_  
\_\_\_\_\_
3. HAVE YOU EVER BEEN SITED FOR A SAFETY VIOLATION? YES NO  
IF YES, WHAT VIOLATION \_\_\_\_\_
4. ARE YOU SAFETY CONSCIOUS? YES NO
5. DO YOU UNDERSTAND THIS IS A DANGEROUS OCCUPATION? YES NO
6. DO YOU UNDERSTAND THAT IF YOU ARE ACCEPTED FOR THIS POSITION THAT THE USE OF ILLEGAL DRUGS OR ALCOHOL ABUSE WILL NOT BE TOLERATED? YES NO
7. DO YOU UNDERSTAND THAT ANY EMPLOYEE SUSPECTED OF DRUG OR ALCOHOL ABUSE WILL NOT BE ALLOWED ON THE JOBSITE? YES NO
8. DO YOU HAVE A VALID DRIVERS LICENSE? YES NO
9. DO YOU HAVE YOUR OWN TRANSPORTATION? YES NO

## Signature Disclaimer

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentations or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, cause for termination from

I understand that as a condition of employment, I am required to undergo and successfully pass a drug screening within the first 90 days of employment with AutumnBrooke Transportation Corporation. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment hereby releasing them and AutumnBrooke Transportation Corp. From any, and all, liability for damages arising from furnishing the requested information.

In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of AutumnBrooke Transportation Corp. And understand that my employment and compensation may be terminated with or without cause or notice at any time, at the option of either AutumnBrooke Transportation Corp. or myself. I also understand and agree that the terms and conditions of my employment may be changed with or without cause, at any time by AutumnBrooke Transportation Corp. I further understand that no manager or representative of the company, other than the President / Vice President, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from the foregoing. I also understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by the President / Vice President and Me.

**I FULLY UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS IN THE ABOVE STATEMENT.**

Name (Please Print)

Signature

Date