

APPLICATION FOR EMPLOYMENT

Date:

Notice to Applicants: FEDERAL AND STATE LAW REQUIRES THAT ALL APPLICATIONS BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE OR NATIONAL ORIGIN. WE BELIEVE IN AND FULLY SUPPORT THE PRINCIPLE OF EQUAL EMPLOYMENT AND WILL FULFILL OUR OBLIGATION TO THE FULLEST.

PLEASE ANSWER THE FOLLOWING QUESTIONS HONESTLY. IF YOU ARE HIRED, THIS QUESTIONNAIRE WILL BECOME PART OF YOUR PERSONNEL FILE.

NAME _____ Telephone number _____

Are you over 21? Yes No Date of Birth _____

Present Address: _____

How long at present address? _____

Previous address _____ How long? _____

Position applying for: Yard Helper (Non-Driver) Driver (May be less than 20% driving time)

If you are applying for a driving position, do you also want to be considered for a non-driving position at a lower rate of pay? Yes No

Rate of pay expected: Start _____ 6 Months _____ 1 Year _____

How did you hear of this opening? _____

Have you applied here and/or worked for us before? _____

List any friends/relatives working who have worked for us. _____

To help us plan, are you looking for a long or short-term position? Long-term Short-term

Do you prefer to work full time or part-time? Full-time Part-time

Are you willing to work part-time until full time develops? Yes No

We are open 8 to 5 Monday thru Saturday. Are you willing to work during those general hours? Yes No

If not, what hours can you work?

Mon: _____ Tues: _____ Wed: _____ Thur: _____ Fri: _____ Sat: _____

Are you willing to have split/non-consecutive days off? Yes No

Do you have any experience operating a forklift? Yes No

Where? _____

What recycling or scrap metal experience do you have, if any? _____

How long have you lived in Spokane? _____

Are you willing to let us do a police check on you? Yes No

Have you ever been convicted of a crime, excluding traffic violations? Yes No

If yes, list convictions: _____

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THERE IS NO SMOKING OR TOBACCO USE ON THE JOB (Allowed during breaks)

Do you smoke? Yes No

Do you chew tobacco? Yes No

If yes, will you stop while you're on the clock? Yes No

THERE IS NO DRUG OR ALCOHOL USE ON THE JOB

Are you taking any medications that can affect your work performance? Yes No

How often do you use illegal drugs? _____ How often do you use Alcohol? _____

Have you ever been involved in a drug/alcohol program? Yes No

Did you complete the program? Yes No

Have drugs or alcohol ever affected your work or work attendance? Yes No

Are you willing to take a drug & alcohol test any time before or after you are hired? Yes No

If required, are you willing to wear work boots every day? Yes No

The work here is hot in the summer, cold in the winter. It can be wet and rainy. It can be dusty. Sometimes yellow jackets are flying around.

Are you willing to work under these conditions? Yes No

Are you allergic to bees or yellow jackets? Yes No

How many times have you been sick in the last month? _____ 6 months? _____ year? _____

Do you have any physical limitations that prevent you from doing certain types of work? Yes No

If yes, please describe any special accommodations needed: _____

Have you had any serious illness, injuries, or back problems in the past 5 years? Yes No

If yes, describe: _____

Can you lift 75 pounds? Yes No (Do not exclude yourself if you cannot.)

I have answered all questions honestly.

Signature

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List your references in reverse order beginning with the present or most current employer.
 Please list company name, address, contact person and telephone numbers. **PHONE NUMBERS ARE VERY IMPORTANT! WE WILL NOT LOOK UP PHONE NUMBERS FOR YOU!**
 Your reference has little or no value without phone numbers.

Company Information Company name, address, Phone number, contact person	Position	Start – End Dates	Ending salary	Reason for leaving

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If applying for DRIVER'S POSITION, please fill out this section:

Do you have a valid Washington State Drivers License? Yes No

License # _____

List any driving violations or tickets in the last 5 years -commercial or personal- or attach your driving record from the Dept. of Licensing.

Can we have our insurance company do a check of your driving record? Yes No

Signature: _____ Date: _____

To apply for a driver's position, bring a **copy of your current driving record** from the Washington State Department of Licensing. **Your cost is approximately \$5.**

Attention: We contact support enforcement. If you have garnishments, they will be taken out of your 1st paycheck!

Benefits for full time employees:

*After 3 months Profit sharing based on length of work.

*After 3 months We pay \$25 per month towards your choice of health insurance.
After one year, we would contribute \$50 per month.

*After 6 months 3 paid holidays-July 4, Thanksgiving and Christmas.

*Vacation After 6 months- One paid day off
After 1 year-Three paid days off

*Small Christmas bonus

*30 minutes of breaks paid—not counting short bathroom and water breaks. May be used for lunchtime also.

*We pay your share of L & I payroll deductions. (Approximately 13 to 25 cents per hour)

*No layoffs since 1985

*After three years of employment, there may be an employer funded contribution for a retirement account up to 25% for your gross pay. Since 1995 we have done this contribution for all employees who are eligible. However, that does not guarantee future contributions. Help us make a profit to continue that contribution!