

EMPLOYMENT APPLICATION
460 Sawtell Avenue, Atlanta, GA 30315



Please complete form in its entirety using black or blue ink.

Position(s) Applied For: _____

Last Name: _____ First Name: _____ Middle: _____

Email Address: _____ Date Available: ____/____/____ Desired Rate of Pay: _____

How did you hear of Environmental Remedies? _____

Current Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Length at address? Years ____ Months ____

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship? Yes No

Date of Birth (**Required for Commercial Driver Applicants Only**) ____/____/____ Can you provide proof of age? Yes No

Have you ever worked for Environmental Remedies before? Yes No If yes, dates of employment: ____/____/____

Reason for leaving? _____

Have you ever been convicted of a felony? Yes No
If yes, please explain on a separate sheet of paper. Conviction of a crime is not an automatic bar of employment. All circumstances will be considered.

Can you perform all the essential functions of the job with or without reasonable accommodation? Yes No

Personal References:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Professional Reference:

Name: _____ Phone Number: _____ Relationship: _____

EMPLOYMENT HISTORY

Please complete the following information below providing **10 years** of employment history. **Do not leave any gaps in employment.** If you were unemployed for a period of time, list the dates of unemployment. List employers in reverse order starting with the most recent employer first. Add additional paper if needed.

DRIVERS PLEASE NOTE: All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. To drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

Employer: _____	From: Mo ____/Yr ____	To: Mo ____/Yr ____	Still Employed? <input type="checkbox"/> Y <input type="checkbox"/> N
Address: _____	Position Held: _____	Salary: _____	May we contact? <input type="checkbox"/> Y <input type="checkbox"/> N
Contact Person: _____	Phone Number: _____	Reason for Leaving: _____	

(FOR DRIVER APPLICANTS ONLY) Were you subject to the FMCSRs* while employed? Yes No
(FOR DRIVER APPLICANTS ONLY) Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol Testing requirements of 49 CFR Part 40? Yes No

Employer: _____	From: Mo ____/Yr ____	To: Mo ____/Yr ____	
Address: _____	Position Held: _____	Salary: _____	
Contact Person: _____	Phone Number: _____	Reason for Leaving: _____	

(FOR DRIVER APPLICANTS ONLY) Were you subject to the FMCSRs* while employed? Yes No
(FOR DRIVER APPLICANTS ONLY) Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol Testing requirements of 49 CFR Part 40? Yes No

Employer: _____	From: Mo ____/Yr ____	To: Mo ____/Yr ____	
Address: _____	Position Held: _____	Salary: _____	
Contact Person: _____	Phone Number: _____	Reason for Leaving: _____	

(FOR DRIVER APPLICANTS ONLY) Were you subject to the FMCSRs* while employed? Yes No
(FOR DRIVER APPLICANTS ONLY) Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol Testing requirements of 49 CFR Part 40? Yes No

Employer: _____	From: Mo ____/Yr ____	To: Mo ____/Yr ____	
Address: _____	Position Held: _____	Salary: _____	
Contact Person: _____	Phone Number: _____	Reason for Leaving: _____	

(FOR DRIVER APPLICANTS ONLY) Were you subject to the FMCSRs* while employed? Yes No
(FOR DRIVER APPLICANTS ONLY) Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol Testing requirements of 49 CFR Part 40? Yes No

Includes vehicles having a GVWR of 26,000a lbs. or more, vehicles designed to transport 16 or more passengers, including the driver, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.
The Federal Motor Carrier Safety Regulations (FMCSRs *) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport more than 8 passengers, including the driver, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EDUCATION

High School: _____	Location: _____	Type of Degree Received: _____
College: _____	Location: _____	Type of Degree Received: _____
College: _____	Location: _____	Type of Degree Received: _____
Trade: _____	Location: _____	Type of Degree Received: _____
Other: _____	Location: _____	Type of Degree Received: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, medical history and other related matters as may be necessary in arriving at an employment decision. Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I understand that I have the right to:

- Review information provided by previous employers;
- Have the errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I understand and agree that if hired, my employment is for no definite period and the company or I may terminate my employment at any time with or without cause and with or without notice.

Signature: _____ **Date:** _____