



440 Industrial Parkway Suite 10 Lafayette, LA 70508 888-317-2206 office 337-269-0274 fax

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal opportunity laws, applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, veterans, marital status, or non-job related disability.

Instructions: This form consists of five sections 1, 2, 3, 4, & 5. All individuals applying for a position with Waste Auditors, Inc. must complete sections 1-5.

Section 1

Position Applied for _____ Date _____

Name (Last) _____ First _____ Middle _____

Social Security # _____

Address (Street) _____

City _____ State _____ Zip _____

Contact Phone Numbers (Home) _____ Cell _____

Addresses for Past Three Years

1) _____ How Long? _____

2) _____ How Long? _____

3) _____ How Long? _____

Who referred you? _____ Rate of pay expected? _____

In case of Emergency Contact (Name and #) _____

Affirmative Action Voluntary Information

Completion of of informaiton is voluntary:

We provide equal opportunity to all qualified applicants and employees prohibiting discrimination in employment decisions because of race, color, religon, sex, national origin, age, veteran status or handicap
We request that you complete this information form solely to assist in complying with Federal and State Equal Opportunity and Affirmative record keeping requirements.

Please note: This survey is NOT a part of your official applicaiton for employment. The information you provide will be recorded and maintained in a confidential file, seperate from all other records.

Applicant Information

Name _____ Male _____ Female _____

Position Applied for: _____ Date _____

Social Security # _____

Please check ONE of the following Equal Opportunity Identification Groups

White (Not of Hispanic Origin) Check Box Black (Not of Hispanic Origin) Check Box

American Indian/Alaskan Native Check Box Asian/Pacific Islander Check Box

Hispanic Check Box Other _____

Referral Source

Walk In Check Box State Employment Office Check Box Private Agency Check Box

Relative Check Box School Check Box Other _____

Advertisement - Source _____

Covered Veteran

Check Box

Veteran of the Vietnam Era (defined as a person who (a) served on active duty for a period of more than 180 days, any part of which occurred between February 28, 1961 to May 7, 1975, and was discharged or released there from with other than a dishonorable dishcarge or (b) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between February 28, 1961 to May 7, 1975,

Check Box

Other Covered Veteran (defined as a veteran who served on active duty during a war or in a campaign or expedition for which a badge has been authorized.)

Background Investigation Consent Form and Conditional Offer of Employment

I, _____ hereby authorize Waste Auditors, Inc. and / or it's agents to make an independant investigation of my background, references, character, past employment, Including previous drug and alcohol test results in accordance with 49 CFR regulations, educaiton, credit history, MVR reports/drving records, criminal or police records, including those maintained by both publicand privateorganizations ad all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with Company.

I release Waste Auditors, Inc. and/or its agents and any person or entity, which provides information pusuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

I understand that my signature on this document acknowledges that I have received a conditional offer of employment, and that my actual employment will be contingent upon the successful completion of a performance-based training and program, including a 90-day probationary period. I also understand that my employment is conditioned upon satisfactory results of any and all background investigations, physical and drug testing results.

The following is my tru and complete legal name and all informaiton is true and correct to the best of my knowledge.

Full Name (Printed) _____ Signature _____

Maiden Name of Other Names Used _____

Present Address _____

How Long? _____ Date of Birth _____

SS# _____

Drivers License Number _____ State of License _____

Note - The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Waste Auditors, inc. is and Equal Opportunity Employer and does not discrminate on the basis of Sex, Race, Religion, Age, Handicap, or National Origin.

Waste Auditors, Inc.

Short Service Employee (SSE) form

Fill in the form as completely as possible, sign and submit to the safety department. Copy and attach any prior experience training cards to this form for evaluation.

SSE Employee _____ SS# _____
Hire Date _____ Job Title _____
Location _____

List all work experience in the appropriate divisions below. Include years or months experience that

Table with 2 columns: Years, Months. Rows include Oil Field, Tank Cleaning, N.O.R.M., Auditing, Tankerman, Fluid/Mud Eg, Boat Cap/Eg, Other.

Please List _____

List previous companies worked for, time worked, job title, contact phone number, and contact name. This will help determine SSE status

Company _____ Job Title _____ Time worked at position _____

Contact Name _____ Contact Phone Number _____

Company _____ Job Title _____ Time worked at position _____

Contact Name _____ Contact Phone Number _____

To be removed from SSE status the above listed SSE must demonstrate a working knowledge of general safety practices in accordance with Waste Auditors, Inc. Safety Policies and Procedures and consistently use safe work behaviors for the previous six months. Previous work experience will be verified by the Human Resource department, and may have some impact on the six-month rule.

Date remove from SSE Status _____

Removed from SSE status by: _____

Are you legally authorized to work in the USA? Yes No

Have you ever been convicted of a felony? Yes No

If Yes, explain: _____

Date of Conviction (s) _____

Conviction of a felony will not necessarily disqualify you from the job for which you are applying. Each conviction will be considered with respect to time, job relatedness and other relevant factors.

We are an Equal Opportunity Employer and do not discriminate in hiring or employment on the basis of race, creed, color, national origin, sex, age, disability, or any other legally protected classification. No question on this application is intended to secure information to be used for such discrimination.

Do you have experience in any of these areas: (Check those that apply)

Tank Cleaning Boat Captain Fluid/Mud Eng Boat Eng. Auditing Tankerman N.O.R.M.

Do you have transportation to work any time day or night? Yes No

Are you employed now? Yes No If not, how long since leaving last employment? _____

Section 2

Education

Check highest grade completed (High School) 1 2 3 4 College 1 2 3 4

What other training have you completed? _____

Section 3

Employment History

All applicants must provide the following information on all employers during the preceding 3 years

List courses and training other than shown elsewhere in this applicaiton

List special skills or technical knowledge you have (other than those already shown)

Can you swim? (Required of all employees to work over or on water) Yes No

Section 4

Driving Experience

Complete the following sections

Have you ever been denied a license, permit, or privelage to operate a motor vehicle? Yes No

Have any license, permit or privelage ever been suspended or revoked? Yes No

Note - If the answer to either above is Yes, attach statement giving details.

Show special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

Accident record for past 3 years or more (Attach sheet if more space is needed)

	Dates	Nature of Accident	Fatalities	Injuries
Last Accident	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____

Traffic convictions and forfeitures for the past three years (other than parking)

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____

Section 5

TO BE READ AND SIGNED BY ALL APPLICANTS

I affirm that the facts set forth in my application are true and complete and that any false statements are ground for dismissal if I am offered employment. I agree to submit to a pre-employment physical and drug test. I understand that working safely is a condition of employment, and that the failure to abide by company rules, policies and procedures or grounds for disciplinary actions to include termination. I authorize Waste Auditors, Inc. to make such investigations and inquiries of my personal, employment, financial or 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 their persons from all liability in responding to inquiries and releasing information in connection with my application.

Signature _____ Date _____

By typing your name in the signature spots on this application, you agree that all information is true to the best of your knowledge and you agree to the terms and conditions of this application including the background screening process.

APPLICANTS DO NOT WRITE BELOW THIS LINE

Applicant Hired? _____ Rejected? _____

Date Hired? _____ Location? _____

Pay Rate? _____

