

AMMCO Environmental Services, LLC

APPLICATION for EMPLOYMENT

**Pre-Employment Questionnaire
Equal Opportunity Employer**

Print all information except for signature

Today's Date _____

PERSONAL INFORMATION

Name (Last Name, First Name)	Social Security Number
Current Address	Contact Telephone No. (whose number is this?) ()
City, State, Zip Code	Business or Cell Phone No. ()
Maiden name (if applicable)	If under 18, please list age

EMPLOYMENT DESIRED

Position Applied For	Date you can start
Salary desired	Are you employed now? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever worked for a member company? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name & Date

SCHEDULE AVAILABLE TO WORK (be specific)

Days	Hours/Shift*	Days	Hours/Shift*
No Preference		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	

*Shift: D = day shift A = afternoon shift N = night shift

EMPLOYMENT DESIRED

Full-time only <input type="checkbox"/>	Part-time only <input type="checkbox"/>	Full-time OR part-time <input type="checkbox"/>
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How many hours can you work a day? Can you work nights? YES NO Overtime? YES NO

EDUCATION

Name & location of school	Years attended	Degree or Diploma
Grade school		
High school	Completed 9 10 11 12	
College/University	Completed 1 2 3 4	
Trade, Business or Other		

EMPLOYMENT HISTORY (list your last four employers, starting with the most recent)

Date (Month & Year)	Name, Address & Telephone of Employers	Salary	Position & Supervisor	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Are you a U.S. Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If NO , do you have a work permit or Alien Resident card?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		If "Yes", card number & expiration date

PERSONAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

If **YES**, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. Do NOT include misdemeanor convictions:

ONLY COMPLETE THE DRIVING INFORMATION IF REQUIRED TO PERFORM THE JOB:

Do you have a valid driver's license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a valid Commercial License (CDL)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a valid Chauffer License?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes", you must complete an "Authorization for Drivers License" form		

What is your transportation to work? _____

SPECIAL SKILLS AND TRAINING

MILITARY SERVICE

Have you ever been in the U.S. Armed Forces? YES NO

Are you now a member of the National Guard or Reserves? YES NO

Specialty _____

Date Entered Service _____

Discharge Date _____

REFERENCES

Name	Address & Telephone	Business	Years Known

AUTHORIZATION & WAIVER (please read carefully)

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal regardless of the time elapsed after discovery.

I authorize investigation of all statements made and the References and Employers listed above to provide any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Company from all liability for any damage that may result from utilization of such information or employment decision made on the basis of such information.

I also understand and agree that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Company representative. I understand and agree that, if hired, my employment will be terminable at will and may be terminated by the Company or me at any time and for any reason.

If employed, I will be required to provide original documents that verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of form I-9.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company

from any liability as a result of such contract. I also understand that (1) the Company may have a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of my employment application and only based on the requirements of the job position, the Company may need to request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act."

I acknowledge that I have read and agree to the above statements and that all information is true and accurate.

Print Name

Signature

Date

Thank you for completing this application form and for your interest in our business.