

EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

| APPLICANT INFORMATION | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|------------------|
| Last Name | | First | M.I. Date |
| Street Address | | | Apartment/Unit # |
| City | | State | ZIP |
| Phone | | E-mail Address | |
| Date Available | | Social Security No. | Desired Salary |
| Position Applied for | | | |
| Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when? | | | |
| Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain | | | |

| EDUCATION | | | |
|-------------|----|-------------------------------------------------------------------------------|--------|
| High School | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

| REFERENCES | |
|--------------------------------------------|----------------|
| <i>Please list up to three references.</i> | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |

| | |
|-----------------------------------------------------------------------------------|---------------------------|
| List all violations on your driving record within last 3 years and approx. dates. | Driver's License Number - |
| | State- |
| | Expiration- |
| | Phone () |

NOTE: If you are hired a motor vehicle report will be obtained from the State of Ohio.

PREVIOUS EMPLOYMENT

| | | | |
|-------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Part of the activities required to maintain and operate a recycling facility involve duties or tasks that are often overlooked when describing a specific job.

Please respond to the following questions by placing an "X" in the appropriate box.

If you answer no to a question below, please list question # and explain on back.

| Are you willing and able to: | YES | NO |
|-----------------------------------------------------|--------------------------|--------------------------|
| 1. Operate equipment in a safe manner? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Adhere to daily equipment maintenance schedule? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Operate a wheel loader? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Operate a skid steer loader? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Approach customers in a professional manner? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Maintain a POSITIVE attitude? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Work weekend and evening hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Work well with other employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Perform office and equipment recordkeeping work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Work outside in inclement weather? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Lift up to 60 lbs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Report to work ON TIME when scheduled? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Try new things and new jobs? | <input type="checkbox"/> | <input type="checkbox"/> |

On the chart below, please indicate the hours and days you are willing and able to work on a regular basis.

| | MON | TUES | WED | THURS | FRI | SAT | SUN |
|-----------------|-----|------|-----|-------|-----|-----|-----|
| 7am-12pm | | | | | | | |
| 12pm-4pm | | | | | | | |
| 4pm-7pm | | | | | | | |

Sign and Date: _____