

APPLICATION FOR EMPLOYMENT

OFFICE USE ONLY

**Construction Waste Management
6867 S. 700 W. Suite A
Midvale UT 84047
801-449-9779**

Interview	_____ / _____ / _____
Drug Test	<input type="checkbox"/> Yes <input type="checkbox"/> No
Starting wage:\$	_____
Crew	_____
Initials :	_____

DATE: _____ TIME: _____ AM / PM

POSITION APPLYING FOR: _____

HOW WERE YOU REFERRED TO OUR COMPANY? _____

PERSONAL INFORMATION

FULL NAME: _____

IF YOU HAVE EVER WORKED UNDER ANY OTHER NAMES, PLEASE LIST BELOW:

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

SOCIAL SECURITY #: _____ D.O.B: _____ / _____ / _____

ARE YOU AT LEAST 18 YEARS OF AGE OR OLDER? YES NO

AVAILABILITY FOR WORK: FULL TIME PART TIME DAYS ONLY EVENINGS ONLY

ARE YOU CURRENTLY EMPLOYED? YES NO (IF YES, CIRCLE ONE) FULL TIME / PART TIME

DO YOU HAVE THE LEGAL RIGHT TO REMAIN PERMANENTLY AND WORK IN THE UNITED STATES?
 YES NO

IF YES, CAN YOU PROVIDE AUTHENTIC LEGAL DOCUMENTATION? YES NO

DO YOU HAVE ANY PHYSICAL OR MENTAL CONDITION THAT WOULD PREVENT YOU FROM SAFELY DOING THE WORK WHICH YOU ARE APPLYING FOR? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE PAST FIVE (5) YEARS? YES NO

HAVE YOU EVER BEEN EMPLOYED BY REYNOLDS BROTHERS? YES NO

IF YES, WHEN? _____ POSITION HELD: _____

SUPERVISORS NAME: _____

REASON FOR LEAVING: _____

REFERENCES

PLEASE LIST THREE (3) REFERENCES THAT WE MAY CONTACT WHO ARE NOT RELATED TO YOU AND HAVE KNOWLEDGE OF YOUR PROFESSIONAL ABILITIES.

1) Name : _____ Phone : _____

2) Name : _____ Phone : _____

3) Name : _____ Phone : _____

EMPLOYMENT HISTORY

PLEASE LIST IN ORDER OF MOST RECENT AND ACCOUNT FOR ALL PERIODS OF WORK AND UNEMPLOYMENT.

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

SUPERVISOR: _____ MAY WE CONTACT? YES NO

POSITION(S) HELD: _____

STARTING SALARY: _____ ENDING SALARY: _____

START DATE: _____ END DATE: _____

REASON FOR LEAVING: QUIT TERMINATED/DISCHARGED LAYED OFF

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

SUPERVISOR: _____ MAY WE CONTACT? YES NO

POSITION(S) HELD: _____

STARTING SALARY: _____ ENDING SALARY: _____

START DATE: _____ END DATE: _____

REASON FOR LEAVING: QUIT TERMINATED/DISCHARGED LAYED OFF

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

SUPERVISOR: _____ MAY WE CONTACT? YES NO

POSITION(S) HELD: _____

STARTING SALARY: _____ ENDING SALARY: _____

START DATE: _____ END DATE: _____

REASON FOR LEAVING: QUIT TERMINATED/DISCHARGED LAYED OFF

CONSTRUCTION WASTE MANAGEMENT

EMERGENCY CONTACT INFORMATION

*Please list in the order that you would like contacted.
You must have at least (1) one contact, but may have as many as (3) three.
Please list any and all numbers for each contact.*

Contact #1

Name: _____

Relationship: _____

Address: _____

Home: _____

Cell: _____

Work: _____

Contact #2

Name: _____

Relationship: _____

Address: _____

Home: _____

Cell: _____

Work: _____

Contact #3

Name: _____

Relationship: _____

Address: _____

Home: _____

Cell: _____

Work: _____