



Employment Application

EnviroPro Energy Company, LLC is an At Will Employer

Please Print or Type:

Date: _____

Name: _____
Last First Middle

Business Telephone: (____) _____ Home Telephone: (____) _____

Social Security Number: _____ - _____ - _____

Present Address:

Street City State Zip Code

Permanent Address (if different from present address):

Street City State Zip Code

Employment Desired:

Position Applying For: _____

Are You Applying For:

Regular Full-Time Work? Yes ___ No ___

Regular Part-Time Work? Yes ___ No ___

Temporary Work, e.g., Summer or Holiday Work? Yes ___ No ___

What days and hours are you available to work? _____

If applying for temporary work, during what period of time will you be available to work?

From: _____ To: _____

Are you available to work weekends? Yes ___ No ___

Would you be available to work overtime, if necessary? Yes ___ No ___

If hired on what date can you start work? Yes ___ No ___

Salary or Wage Desired: _____

Personal Information:

Have you ever applied at EnviroPro Energy Company, LLC before? Yes ____ No ____

If yes when? _____

Do you have any friends or relatives working for EnviroPro Energy Company, LLC? Yes ____ No ____

If yes, state name(s) and relationship: _____

Why are you applying for work at EnviroPro Energy Company, LLC? _____

If hired, would you have a reliable means of transportation to and from work? Yes ____ No ____

Are you at least 18 years old? Yes ____ No ____

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired can you present evidence of U.S Citizenship or proof of your legal right to live and work in this country?
Yes ____ No ____

Are you able to perform the essential functions of the job for which you are applying? Yes ____ No ____

If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Are you able to perform all other duties of the job for which you are applying? Yes ____ No ____

If no, describe the functions that cannot be performed. _____

(Note: Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor?) (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes ____ No ____

If yes, state nature of the crime(s), when where convicted and disposition of the case: _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? Yes ____ No ____

Education, Training and Experience

School	Name and Address	No. of Years Completed?	Did You Graduate?	Degree / Diploma
High School			Yes ____ No ____	
College / University			Yes ____ No ____	
Vacational Business College			Yes ____ No ____	
Health Care			Yes ____ No ____	

Many of our customers do not speak English. Do you speak, write or understand any foreign languages?

Yes ____ No ____

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at EnviroPro energy company, LLC? If so, please explain. _____

Answer the following questions if you are applying for a professional position.

Are you licensed / certified for the job applied for?

Yes ____ No ____

Name of license / certification: _____

Issuing State: _____ License / Certification Number: _____

Has your license / certification ever been revoked or suspended?

Yes ____ No ____

If yes, state reason(s), date of revocation or suspension and date of reinstatement: _____

Employment History:

List below all present and past employment starting with your most recent employment (last 10 years is sufficient). Account for all periods of employment. You must complete this section even if attaching a resume.

Name of Employer:

Address: _____
Street City State Zip Code

Type of Business: _____

Telephone No.: (____) _____ Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment From: _____ To: _____

Weekly Pay: Starting: _____ Ending: _____

Reason for Leaving: _____

Name of Employer:

Address: _____
Street City State Zip Code

Type of Business: _____

Telephone No.: (____) _____ Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment From: _____ To: _____

Weekly Pay: Starting: _____ Ending: _____

Reason for Leaving: _____

Name of Employer:

Address: _____
Street City State Zip Code

Type of Business: _____

Telephone No.: (____) _____ Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment From: _____ To: _____

Weekly Pay: Starting: _____ Ending: _____

Reason for Leaving: _____

Employment History (Continued):

List below all present and past employment starting with your most recent employment (last 10 years is sufficient). Account for all periods of employment. You must complete this section even if attaching a resume.

Name of Employer:

Address: _____
Street City State Zip Code

Type of Business: _____

Telephone No.: (____) _____ Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment From: _____ To: _____

Weekly Pay: Starting: _____ Ending: _____

Reason for Leaving: _____

Name of Employer:

Address: _____
Street City State Zip Code

Type of Business: _____

Telephone No.: (____) _____ Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment From: _____ To: _____

Weekly Pay: Starting: _____ Ending: _____

Reason for Leaving: _____

Name of Employer:

Address: _____
Street City State Zip Code

Type of Business: _____

Telephone No.: (____) _____ Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment From: _____ To: _____

Weekly Pay: Starting: _____ Ending: _____

Reason for Leaving: _____

Military Service:

Have you obtained any special skills or abilities as a result of service in the military? Yes ____ No ____

If yes, describe: _____

Personal References:

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: _____

Address: _____
Street City State Zip Code

Occupation: _____

Telephone No.: (____) _____ Number of years acquainted: _____

Name: _____

Address: _____
Street City State Zip Code

Occupation: _____

Telephone No.: (____) _____ Number of years acquainted: _____

Name: _____

Address: _____
Street City State Zip Code

Occupation: _____

Telephone No.: (____) _____ Number of years acquainted: _____

For applicants who intend to operate a Class "A", "B" or "C" Commercial Vehicle.

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE. WRITE NONE.

LAST ACCIDENT DATE: _____

NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) _____

FATALITIES: _____ INJURIES: _____

NEXT PREVIOUS ACCIDENT DATE: _____

NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) _____

FATALITIES: _____ INJURIES: _____

NEXT PREVIOUS ACCIDENT DATE: _____

NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) _____

FATALITIES: _____ INJURIES: _____

NEXT PREVIOUS ACCIDENT DATE: _____

NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) _____

FATALITIES: _____ INJURIES: _____

EXPERIENCE AND QUALIFICATION OF DRIVER

DRIVER LICENSE NUMBER _____ **STATE ISSUED** _____

TYPE OF LICENSE _____ **EXPIRATION DATE** _____

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TYPE OF LICENSE _____ **EXPIRATION DATE** _____

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ____ No ____
- B. Has any license, permit or privilege to drive ever been suspended or revoked? Yes ____ No ____

IF THE ANSWER TO EITHER A or B IS YES, ATTACH A STATEMENT GIVING DETAILS.

Driver Experience: IF NONE, WRITE NONE.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH – SCHOOL BUS				
OTHER				

List states operated in for the last five years: _____

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

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

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation or other experience that may help in your work for this company: _____

List courses and training other than shown elsewhere in this application: _____

List special equipment or technical materials you can work with (other than those already shown): _____

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND
SIGN BELOW**

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on the application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of in any way related to such investigation or disclosure.

_____ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

_____ I understand that nothing contained in the application, or conveyed during any interview which maybe granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Applicant's Signature _____

Date: _____