

DM&J WASTE, INC.
 219 Stream Road
 Winterport, ME 04496-3607
 Tel. (207) 223-4112 Fax (207) 223-5411
 Email help@dm&jwaste.com

Application for Employment

Applicants will receive consideration without discrimination because of race color, religion, sex, sexual orientation, ancestry or national origin, age, or veteran status. In addition, this Company does not discriminate on the basis of physical or mental disability where the essential functions of the job, as reasonably accommodated, do not require such distinction. No question on this application is intended to secure information to be used for unlawful purposes.

Applicant Information

Position(s) Applying for _____

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

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 NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

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Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Drivers License Information

DO YOU HAVE A DRIVER'S LICENSE? ____ Yes ____ No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator ____ Commercial (CDL) ____

Driver's license expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? If so, how many? _____

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: _____