

BESTWAY CONTAINER SERVICE, LLC.

APPLICATION FOR EMPLOYMENT

202 East Main Street Suite 8, Fredonia, NY 14063
Phone: (716)672-7237 Fax: (716)672-7238

Applicant Name: _____ Date of Application: _____

Date of Birth: _____ Social Security #: _____ Phone Number: _____

Residence Past 3 Years			
CURRENT	Address:		
City:	State	Zip	How long? Yr./mo
Address:			
City:	State	Zip	How long? Yr./mo
Address:			
City:	State	Zip	How long? Yr./mo
Address:			
City:	State	Zip	How long? Yr./mo

FOR COMPANY USE

PROCESS RECORD	
DATE OF HIRE:	REJECTED:
POSITION:	CLASSIFICATION:
VALID COPY OF DRIVERS LICENSE: YES or NO	VALID COPY OF MEDICAL CERTIFICATE: YES or NO
VALID DRUG/ALCOHOL TESTING Previous Employer: YES or NO Pre-Employment (Date of Test): _____ PASS or FAIL	Motor Vehicle Record: YES or NO
DATE TERMINATED:	REASON FOR RELEASE:

Position(s) Applied for: _____

Do you have the legal right to work in the United States? YES or NO Can you provide proof of age? YES or NO

Have you worked for this company before? YES or NO Dates: From _____ To _____

How did you hear about us? _____

Have you ever been convicted of a felony? YES or NO
If yes, please explain. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied? YES or NO
If yes, please explain if you wish.

QUALIFICATIONS and DRIVING EXPERIENCE

Applicant please list the states and license numbers of all licenses held for the past 3 years.

STATE	LICENSE #	EXPIRATION DATE	CLASS	ENDORSEMENTS

Equipment	DATES		Approx # of Miles Total	State (s) Operated In
	FROM(M/Y)	TO(M/Y)		
Front-Loader				
Straight Truck(Roll-off)				
Tank				
Dump				
Other				

Accidents/Crashes for the past 3 -10 years . If none, write NONE.

Date	Nature of Accident (Backing, Head-on, Rollover, Turning)	Corrective Action taken by previous employer	Fatalities	Injuries
			YES / NO	YES / NO
			YES / NO	YES / NO
			YES / NO	YES / NO
			YES / NO	YES / NO

Moving Traffic Convictions and Forfeitures for the past 3 years. If none, write NONE.

Date of Conviction	Offense	Location	Penalty	Type of Motor Vehicle Operated

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES or NO

Has any license, permit or privilege ever been suspended or revoked? YES or NO

If yes, explain in detail:

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.

Do you consent to such Testing? YES or NO

In the past 2 years have you:

	YES	NO
Tested positive for any Controlled Substances pre-employment test for any other company?		
Tested above .04 on any Alcohol pre-employment test for any other company?		
Refused to be tested for any pre-employment test for any other company?		

If you answer "yes" to any of the above questions, provide the following information on the Substance Abuse Professional (SAP) you consulted.

Name of SAP:			
Address:	City:	State:	Zip:
Telephone:	Date(s) Visited:		

EMPLOYMENT RECORD 391.21(b10) 391.23(d)(e)

All jobs for past 3 years and Commercial Driving Experience for the past 10 years.

All Applicants must provide the following information on all previous employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. All driver applicants must complete the safety questions and to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

List employers in reverse order starting with the most recent. Add another sheet as necessary.

EMPLOYER			DATE					
NAME			From	MO.	YR.	TO	MO.	YR.
ADDRESS			Position Held					
CITY	STATE	ZIP	Salary/Wage					
CONTACT PERSON	PHONE NUMBER		Reason for leaving					
WERE YOU SUBJECT TO THE FMCSRs† while employed? YES or NO								
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? YES or NO								

EMPLOYER			DATE					
NAME			From	MO.	YR.	TO	MO.	YR.
ADDRESS			Position Held					
CITY	STATE	ZIP	Salary/Wage					
CONTACT PERSON	PHONE NUMBER		Reason for leaving					
WERE YOU SUBJECT TO THE FMCSRs† while employed? YES or NO								
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? YES or NO								

EMPLOYER			DATE					
NAME			From	MO.	YR.	TO	MO.	YR.
ADDRESS			Position Held					
CITY	STATE	ZIP	Salary/Wage					
CONTACT PERSON	PHONE NUMBER		Reason for leaving					
WERE YOU SUBJECT TO THE FMCSRs† while employed? YES or NO								
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? YES or NO								

EMPLOYER			DATE	
NAME			From MO. YR.	TO MO. YR.
ADDRESS			Position Held	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON	PHONE NUMBER		Reason for leaving	
WERE YOU SUBJECT TO THE FMCSRs† while employed? YES or NO				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? YES or NO				

EMPLOYER			DATE	
NAME			From MO. YR.	TO MO. YR.
ADDRESS			Position Held	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON	PHONE NUMBER		Reason for leaving	
WERE YOU SUBJECT TO THE FMCSRs† while employed? YES or NO				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? YES or NO				

*Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.
†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

High School Attended: (Name) _____ (City) _____ (State) _____
(If Applicable)

College Attended: (Name) _____ (City) _____ (State) _____
(If Applicable)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

SIGNATURE: _____ DATE: _____

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

Name (Last Name First) _____ Date _____
 Address _____ Soc. Sec. No. _____
 Telephone _____
 What kind of work are you applying for? _____
 What special qualifications do you have? _____
 What office machines can you operate? _____
 Are you 18 years or older? Yes _____ No _____
 Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes _____ No _____

SPECIAL PURPOSE QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

- Height _____ Feet _____ Inches Weight _____ Lbs. Are you a U.S. citizen Yes _____ No _____
- Have you been convicted of a felony or misdemeanor within the last 5 years? Yes _____ No _____ Describe _____
- I understand and agree that I may be required to take one or more: physical examination; lie detector test(s), as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).
 Yes _____ No _____
- I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law. Yes _____ No _____
 You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

MILITARY SERVICE RECORD

Branch of Service _____ Discharge Date _____ Rank _____
 Present membership in National Guard or Reserves _____ Date obligation ends _____

EDUCATION

SCHOOL	*NO. OF YEARS ATTENDED	NAME OF SCHOOL	CITY	COURSE	*DID YOU GRADUATE?
GRAMMAR					
HIGH					
COLLEGE					
OTHER					

EXPERIENCE

NAME AND ADDRESS OF COMPANY	DATE		LIST YOUR DUTIES	STARTING SALARY	FINAL SALARY	REASON FOR LEAVING
	FROM	TO				

BUSINESS REFERENCES

NAME	ADDRESS	OCCUPATION

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPB assumes no responsibility for the content of any questions which, when asked by the Employer of the Job Applicant, may be discriminatory.