KLUESNER SANITATION, LLC.
1005 1ST AVENUE W
PO BOX 335
FARLEY, IA 52046
PH: 563-927-5977
ALT. PH: (563) 744-3422
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APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date: _____

Name: _____ **S.S. No:** _____

Address: _____

Phone No: _____

EDUCATION HISTORY

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED
High School		
College		
Trade, Business or Correspondence School		

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (List Last Four Employers Starting With Most Recent)

	DATE MO/YR	NAME & ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING	DOT REG (circle one)
From: To:					**Yes No**
From: To:					**Yes No**
From: To:					**Yes No**
From:					**Yes No**

To:

EMPLOYMENT DESIRED AND EXPERIENCE

Position applied for_____

Date you can start_____

Are you available to work: Full-time ☐ Part-time ☐ Temporary ☐

Can you travel if job requires it? Yes ☐ No ☐

Do you have a valid license? Yes ☐ No ☐

If yes specify type of license:

Driver's License ☐

CDL

Class A ☐

Class B ☐

List the Following: License Number_____

Expiration Date_____

Have you had any motor vehicle accidents or moving violations in the last three years?

Yes ☐ No ☐

If answer is yes, explain_____

_____

_____

What types and make/models of construction equipment can you operate or repair?

_____

_____

_____

JOB DESCRIPTION AND REQUIREMENTS

Are you prevented from being employed because of Visa or Immigration Status?

Yes ☐ No ☐

If answer is NO you will need to provide proof of citizenship or legal residence.

"LABORERS, TRUCK DRIVERS, AND MACHINE OPERATORS WILL BE REQUIRED TO DO SOME SHOVELING AND BE CAPABLE OF LIFTING 75 POUNDS."

If you cannot perform any of the job requirements, list what it would take for you to meet the job requirements_____

_____

_____

GENERAL – REFERENCES

NAME_____ADDRESS_____BUSINESS_____YEARS KNOWN_____PHONE #

_____

_____

_____

_____

Who should be notified in case of emergency?

Name_____
Address_____
_____
Area Code/Phone Number_____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal, and I agree to hold my employer harmless in the event of my dismissal based thereon.

I authorize investigation of all statements contained herein and to do background checks to give you and all information concerning my previous employment and any pertinent information they may have, confidential or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I realize that under certain provisions of Iowa law, pre-employment drug testing could be a condition of my employment. I also acknowledge that the employer may require drug testing at a subsequent time providing that proper advance notice testing is provided.

I also recognize that I could be offered employment subject to appropriate medical examination and that such a report could nullify my ultimate employment by this employer. I agree to submit to physical examination if required.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the method of payment of my wages and salary, be terminated at any time without prior notice. If employment is obtained under this application, I will comply with all the rules and policies of my employer."

Signature_____ Date _____

(Note: This application will be current for six months)

DRUG AND ALCOHOL CONSENT FORM

I hereby authorize **Kluesner Sanitation, LLC.** to conduct any and all drug and/or alcohol tests on me as required by the terms and conditions of the company's drug and alcohol policy.

I authorize the drug and alcohol testing facility (the designated collection site), nurses or technicians to take my specimens of my urine and/or breath for testing the illegal presence and content of controlled substances and/or alcohol in my body.

I understand and agree that my alcohol test results must be disclosed to my company, and the drug test results must be disclosed to my company's medical review officer and the company. I release drug and alcohol testing facility, physicians, nurses, technicians and any other employees involved with my tests, from any and all claims or causes of actions which may result from the disclosure of those tests.

I understand that if my alcohol levels reflect legal intoxication, I will be unable to operate a motor vehicle and another form of transportation will be provided.

_____ _____

Donor Signature Date

_____ _____

Print Name Social Security #

_____ _____

Witness Title

FAIR CREDIT REPORTING ACT/MOTOR VEHICLE RECORDS

In accordance with the Fair Credit Reporting Act (FCRA), **Kluesner Sanitation, LLC.** may secure my motor vehicle driving record and will be used to make a determination as to my employment.

_____

Permission given by (Applicant's signature)

DRUG AND ALCOHOL INFORMATION:

In the previous three(3) years have you:

1. Violated the Alcohol and Control Substance prohibitions under subpart B of 49CFR or 49 CFR Part 40? Yes No
2. Failed to undertake or complete the rehabilitation program prescribed by a SAP pursuant to 49CFR382-605? Yes No NA

Check all that apply:

I had and alcohol test result of 0.04 or higher: _____

I had a verified Positive Drug Test: _____

I refused to test: _____