

# Application for Employment

# Ace Recycling

We consider applicants for all positions without regarding race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			Date of Application
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Home Phone	Cellular Phone	Social Security Number	Driver License #

- Are you currently employed?  YES  NO
- May we contact your present employer?  YES  NO
- Are you lawfully permitted to work in the United States?  YES  NO  
*Proof of citizenship or immigration status will be required upon employment.*
- Have you been convicted of a felony within the last 10 years?  YES  NO  
*Conviction will not necessarily disqualify an applicant from employment.*  
If YES, please explain \_\_\_\_\_
- Date available for work: \_\_\_\_\_ Desired salary: \_\_\_\_\_
- Are you available to work:  Full Time  Part Time
- Do you have a valid driver's license?  YES  NO
- Have you previously been certified to operate a forklift?  YES  NO
- List your proficiency with the following languages: English: \_\_\_\_\_ Spanish: \_\_\_\_\_ Other: \_\_\_\_\_

## EDUCATION

	Name/ Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Advanced Degree				

## EMPLOYMENT EXPERIENCE (Start with your present or last job. Include any job-related military service assignments and volunteer activities.)

1.

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason for Leaving			

2.

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason for Leaving			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

State any additional information you feel may be helpful to us in considering your application.

**PROFESSIONAL REFERENCES**

Name		Phone #	
Address	City	State	Zip Code

Name		Phone #	
Address	City	State	Zip Code

Name		Phone #	
Address	City	State	Zip Code

**APPLICANT'S STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview     YES     NO

Remarks \_\_\_\_\_

Employed     YES     NO    Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

Name and Title

Date

NOTES \_\_\_\_\_

\_\_\_\_\_