## ATLAS RECYCLING CENTERS, LLC

APPLICATION FOR EMPLOYMENT					DATE:				
LAST NAME, FIRST				Social Security No.:				Date of Birth:	
MAILING ADDRESS				<u> </u>					
HOME PHONE:	E: CELL PHONE:				REFERRED BY:				
ARE YOU CURRENTLY E	EMPLOYE	ED?	IF SO, MA	Y WE INQU	IRE OF YC	OUR PRESEN	T EMPLOY!	ER?	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFOR				E?	WHEN?				
EDUCATION HIST	TORY								
NAME AND LOCATION OF SCI	AME AND LOCATION OF SCHOOL			YEARS ATTENDED		DID YOU GRA	ADUATE	SUBJECTS STUDIED	
GRAMMER SCHOOL									
HIGH SCHOOL									
COLLEGE				<u> </u>					
TRADE BUSINESS									
GENERAL INFOR	MAITC	N							
SUBJECTS OF SPECIAL	STUDY/F	RESEARC	H WORK OR	SPECIAL 7	FRAINING/:	SKILLS:			
U.S. MILITARY OR NAVY SERVICE					RANK				
FORMER EMPLO	YERS:		LIST BELOW	YOUR LAST F	OUR EMPLC	DYERS, STARTIN	IG WITH LAST	ON FIRST	
MONTH/YEAR: NA	NAME AND ADDRESS OF EMPLOYER					SALARY	POSITION	REASON FOR LEAVING	
<del> </del>									

REFERENCES:	Please provide the names of three persons, not related to you, whom you have known at least one year.								
NAME	ADDRESS	BUSINESS	PHONE	YEARS KNOWN					
AUTHORIZATION:									
"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 ground for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.  This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Desabilities Act (ADA) and other relevant federal and state laws."									
Date:	Signature:								
DO NOT WRITE BELOW THIS LINE REMARKS:									
HIRE DATE:									
STARTING DATE:									

INTERVIEWER:

**DEPARTMENT:** 

**DUTIES:**