

Employment History (List in reverse chronological order with last employer first)

1. Employer Company Name	Employment Dates		Job Title	Supervisor Name & Number			
	From Month / Year	To Month / Year					
	/	/					
Wages:	Starting Wage:		Ending Wage:				
Company Address:							
Company Phone Number(s):							
Position(s) Held:							
Describe Duties:							
Reason For Leaving:							

2. Employer Company Name	Employment Dates		Job Title	Supervisor Name & Number			
	From Month / Year	To Month / Year					
	/	/					
Wages:	Starting Wage:		Ending Wage:				
Company Address:							
Company Phone Number(s):							
Position(s) Held:							
Describe Duties:							
Reason For Leaving:							

3. Employer Company Name	Employment Dates		Job Title	Supervisor Name & Number			
	From Month / Year	To Month / Year					
	/	/					
Wages:	Starting Wage:		Ending Wage:				
Company Address:							
Company Phone Number(s):							
Position(s) Held:							
Describe Duties:							
Reason For Leaving:							

Comments and/or Additional Information:

By signing my name below, I certify that the answers giving in this application for employment are true and correct to the best of my knowledge. I authorize such inquiry by Blue Mountain Refuse, Inc. into the statements made in this application as may be necessary in reaching an employment decision. I hereby release Blue Mountain Refuse Inc. and any persons or institutions so contacted from any liability of information furnished as a result of such contact. I understand that any false or misleading information given in this application, including a failure to disclose requested information may result in my termination. I understand that I will be required to pass a physical examination, including background check before a final offer of employment is determined. Persons hired to operate company vehicles will also be required to a Department of Motor Vehicle check. By signing my name below, I consent to these procedures. I understand that any employment with this employer is "at will" which means the employee may resign at any time and the employer may discharge the employee at any time with or without cause.

If hired by Blue Mountain Refuse, Inc. Available Start Date: ____/____/____

Signature: _____ Date: ____/____/____

Mail or Drop off Application to:
Blue Mountain Refuse, Inc.
P.O. Box 786
1765 Valley Ave
Challis, Idaho 83226

Note: Application will be kept on file for **1 year** from this date **Date:** ____/____/____

APPLICATION for EMPLOYMENT
(Please Print)

Personal Information

Last Name	First Name	Middle Name
Date of Birth ____/____/____	Can you provide documentation to verify Date of Birth? ____ Yes ____ No	
Social Security Number ____/____/____	Home Phone Number (____) ____ - ____	Cell Phone Number (____) ____ - ____
Address	City	State, Zip Code

License Information

Driver Licenses	State	License Number	Type	Expiration Date
				____/____/____
				____/____/____

Driving Experience

Class of Equipment	Type of Equipment (Van, Tanker, Flat, Etc)	Dates		Approximate Number of Miles (Total)
		From	To	
Straight Truck				
Tractor / Semi Trailer				
Tractor / Two Trailers				
Other				

Accident Record (Attach Sheet if you need more space to complete this section)

Type	Date	Accident Detail (Head-on, Rear-end, Upset, etc)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				
Next Previous				

Traffic Conviction / Forfeitures / Moving Violations / DUI (Other than parking violations)

Location	Date	Charge	Penalty

Attach sheet(s) if you need more space to complete.

Have you ever been denied a license, permit or privilege to operate a motor vehicle? ____ Yes ____ No

Has any license, permit or privilege ever been suspended or revoked? ____ Yes ____ No

If the answer to either of the above questions is Yes, attach a statement giving the details.
