

EMPLOYMENT APPLICATION

Please complete the entire application.

1. Employer Information

Employer: West Florida Hauling LLC
Address: 4906 37Th St E
City/State/ZIP: Bradenton, Florida 34203
Telephone: 941-243-7296

It is the policy of West Florida Hauling LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Full Name: _____
Home Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Mobile phone: _____
Social Security Number: _____
Driver's License (State/Number): _____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime phone: _____ Evening phone: _____

4. Job Position Applied For:Driver

5. Who referred you to our company? _____
Do you have any friends or relatives who work here? If yes, please list here:

6. Are you at least 18 years old? _____ Yes _____ No
7. Are you willing to work any shift, including nights and weekends? _____ Yes _____ No
If no, please state any limitations:

8. If applicable, are you available to work overtime? _____ Yes _____ No
9. If you are offered employment, when would you be available to begin work?

10. If hired, are you able to submit proof that you are legally eligible for employment in the United States? _____ Yes _____ No
11. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? _____ Yes _____ No

What reasonable accommodation, if any, would you request?

12. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:
- _____
- _____

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize West Florida Hauling LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of West Florida Hauling LLC, except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE