

T.R.M. Disposal, LLC
 www.trmdisposal.com
 901 S. Jefferson Way
 Indianola, IA 500125

APPLICATION FOR EMPLOYMENT

NAME/ADDRESS

TRM Disposal, LLC, is an equal opportunity employer. Information provided will not be used to discriminate on the basis of race, color, religion, sex, marital status, age, physical or mental disability, national origin, sexual orientation, gender orientation, Veteran's status or any other protected status under federal or state law or local ordinance. Job Descriptions are available for review to assist with your completion of the application. This application is valid only if fully completed, signed and dated. We accept applications for positions currently open and the applications will be kept active for 2 months. A new application must be submitted when applying for a new or different position.

Name (Last, First, Middle):		Name called by		Home phone:	
Street address				Message No. or Cell Phone No.:	
City		State		Zip	
E-mail address:				Date application completed:	
Are you eligible to work in the U.S.?		Ye s		No	

Please circle appropriate employment preference 1. Full Time 2. Part Time 3. Temporary 4. Other

Please List the Positions/Jobs You Are Applying for:

Have you ever filed an application here before? Yes No

If yes, give date..... / /

Please list any current T.R.M. Disposal employees you know _____

Have you ever been employed here before? Yes No

If yes, give dates..... From / / To / /

When will you be available to work? _____

Will you work overtime if required? Yes No

Can you work weekends? Yes No

If required by the employer, will you undergo a pre-employment physical? Yes No

Have you ever been convicted of a crime, other than a minor traffic violation in this state or any other state? Yes No

(Conviction will not necessarily disqualify an applicant. It is considered only in relation to the position for which you are applying. The circumstances of the conviction, including seriousness and nature, and time elapsed will be taken into account.)

If yes, please explain: _____

Have you ever been discharged from any position? Yes No

If yes, please explain: _____

WORK EXPERIENCE

List previous employment starting with most recent position.		May we contact this employer?		Yes	No
Firm Name					
Address		City	State	Zip	Phone ()
Immediate Supervisor		Title		Phone ()	
Your Position Title	Date Started	Date Left	Beginning Wage	Last Wage	
Reason for Leaving					
Explain Duties of the Position:					

May we contact this employer?					Yes		No
Firm Name							
Address		City		State		Zip	Phone ()
Immediate Supervisor			Title			Phone ()	
Your Position Title		Date Started	Date Left		Beginning Wage		Last Wage
Reason for Leaving							
Explain Duties of the Position:							

May we contact this employer?					Yes		No
Firm Name							
Address		City		State		Zip	Phone ()
Immediate Supervisor			Title			Phone ()	
Your Position Title		Date Started	Date Left		Beginning Wage		Last Wage
Reason for Leaving							
Explain Duties of the Position:							

May we contact this employer?					Yes		No
Firm Name							
Address		City		State		Zip	Phone ()
Immediate Supervisor			Title			Phone ()	
Your Position Title		Date Started	Date Left		Beginning Wage		Last Wage
Reason for Leaving							
Explain Duties of the Position:							

SKILLS/TRAINING/MEMBERSHIPS/ESSENTIAL FUNCTIONS							
Other Job-Related Skills or Training (Including Military)							
Professional Licenses/Memberships/Organizations							
Are you able to perform the essential functions of the job? (Ask for a Job Description if needed to complete this item.)							

PROFESSIONAL REFERENCES

Name	Address	Phone	Occupational Relationship

EDUCATION

Type of School	Name and location of School	Major Subjects	Minor Subjects	Circle No. of years completed	No. of credit hrs. completed		Graduate Y/N	Degree Received (type)
					qrt hr	se hr		
High School				1 2 3 4				
College				1 2 3 4				
College				1 2 3 4				

Activities, Honors, Offices held

Continuing Education/Seminars

DRIVER INFORMATION

**Position may require driving either directly or indirectly as part of the job.
Please fill out the following information.**

DRIVER'S LICENSE NO.	ISSUING STATE	CLASS	EXPIRATION DATE
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Do you have proof of current insurance? Yes No

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

If yes, explain: _____

CLASS/TYPE OF EQUIPMENT DRIVEN	DATES		APPROX NO OF MILES (TOTAL)
	FROM	TO	

Safe driving awards: _____

Accident record for past 3 years or more (attach sheet if more space is needed):

DATE	NATURE OF ACCIDENT
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Traffic convictions and forfeitures for the past 3 years (other than parking violations):

LOCATION	DATE	CHARGE	PENALTY
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Have you ever been known by any other name(s) which this firm will require to verify any of the information in this application? _____YES_____NO

If yes, please give the name(s) and identify to the related school, employer, etc.

APPLICANT'S STATEMENT

I certify that the information in this application (and accompanying resume, if any) is true and correct. I understand that any false information or significant omission given in the application materials or at any point in the application or hiring process may disqualify me from further consideration for employment and if hired, may be grounds for dismissal at any time.

I give T.R.M. Disposal, LLC, permission to investigate my background, including, but not limited to past employment and activities, and background checks, and I release from all liability all persons, companies, and corporations supplying such information. I indemnify T.R. M. Disposal, LLC, against any liability, which might result from making such an investigation.

I give T.R.M. Disposal, LLC, permission to conduct reference checks and criminal background checks. I understand that consideration for employment is conditioned upon receipt of satisfactory results of background checks.

I acknowledge that T.R.M. Disposal, LLC, is a Drug-Free workplace and that certain positions may require an applicant or an employee to submit to a drug test prior to active employment. T.R.M. Disposal, LLC, reserves the right to random drug test and will test upon reasonable suspicion of drug influence.

To work at T.R.M. Disposal, LLC, I understand I must show documents which establish my identity and right to work in the United States as required by federal law.

I understand that this application form is not an offer of employment and that by accepting this application form, T.R.M. Disposal, LLC, does not guarantee that I will be offered a position or that I will be employed for any certain time period.

I understand that if I am employed, my employment is and will remain "at-will," meaning that my employment is not for any guaranteed length of time and that both T.R.M. Disposal, LLC, and I may terminate the employment relationship at any time. It is further understood that an employment relationship may not be changed by any written document unless an authorized representative of the company specifically acknowledges such change in writing.

My signature below indicates that I have read (or have had read to me) the foregoing, and that I understand and agree to be bound by these provisions.

Date

Signature