

Applicant Information

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 completed, signed and dated. Applications will be kept active for 2 months. A new application must be submitted when applying for a new or different position.

Complete the shaded fields and select the applicable options. Save your completed PDF. For longer responses, attach a separate sheet identifying the question.

Last Name

First Name

Middle Name

Name called by

Address

City

State

Zip

Phone - Area Code (000)

Phone - Prefix (000)

Phone - Last 4 Digits (0000)

Email

Are you eligible to work in the U.S.?

☐ Yes ☐ No

Date Application Completed

Please select employment preference

☐ Full Time ☐ Part Time ☐ Temporary ☐ Other

Employment Questions

Please list the position/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 date

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, explain

Have you ever been discharged from any position?

- ☐ Yes ☐ No

If yes, explain

Work Experience

List previous employment starting with most recent position.

Employer 1 - most recent

Firm Name

Address

City

State

Zip

Employer Phone

Immediate Supervisor

Supervisor Title

Supervisor Phone

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

Work Experience (continued)

Employer 2

Firm Name

Address

City

State

Zip

Employer Phone

Immediate Supervisor

Supervisor Title

Supervisor Phone

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

Work Experience / Skills and Training

Employer 3

Firm Name

Address

City

State

Zip

Employer Phone

Immediate Supervisor

Supervisor Title

Supervisor 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

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

Reference 1

Name

Phone

Address

Occupational Relationship

Reference 2

Name

Phone

Address

Occupational Relationship

Reference 3

Name

Phone

Address

Occupational Relationship

Reference 4

Name

Phone

Address

Occupational Relationship

Education

High School

Name and Location of High School

Major Subjects

Minor Subjects

Number of Years Completed

☐ 1 ☐ 2 ☐ 3 ☐ 4

Credit Hours Completed - qtr hr

Credit Hours Completed - se hr

Did you graduate?

☐ Yes ☐ No

Degree Received (type)

College 1

Name and Location of College

Major Subjects

Minor Subjects

Number of Years Completed

☐ 1 ☐ 2 ☐ 3 ☐ 4

Credit Hours Completed - qtr hr

Credit Hours Completed - se hr

Did you graduate?

☐ Yes ☐ No

Degree Received (type)

Education (continued)**College 2**

Name and Location of College

Major Subjects

Minor Subjects

Number of Years Completed

☐ 1 ☐ 2 ☐ 3 ☐ 4

Credit Hours Completed - qtr hr

Credit Hours Completed - se hr

Did you graduate?

☐ Yes ☐ No

Degree Received (type)

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.

Drivers License No.

Issuing State

Class

Expiration Date

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 (From / To)

Approx. No. of Miles (Total)

Safe driving awards

Accident record for past 3 years or more (Include dates and Nature of Accident)

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

Location

Date

Charge

Penalty

Location

Date

Charge

Penalty

Location

Date

Charge

Penalty

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.

Name (signature)

Date

Type your name in the signature field, or print and sign by hand.