



An Equal Opportunity Affirmative Action Employer

GREENWAY ENVIRONMENTAL SERVICES, LLC

APPLICATION FOR EMPLOYMENT

Please Read Before completing This Application

Greenway Environmental Services (GES) does not discriminate in hiring or employment and prohibits harassment on the basis of race, color, sex, religion, national origin, Age, marital, veteran, or handicapped status. No question on this application is intended to secure information to be used for such discrimination. **We advise that we intend to check and hold you responsible for the accuracy of the statements you make on this application.**

This application will receive active consideration for **sixty (60) days**. If you have not heard from GES within sixty days and wish to receive further consideration for employment, you must complete another application form. This application must be completed in its entirety to be considered for employment.

PERSONAL DATA

Social Security Number _____

Name _____ Are you 18 years or older? Yes _____ No _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Length of Time at This Address _____ Telephone No. _____

Driver License Number _____ Class of License _____

List Previous addresses if address has changed during the past 5 years.

(Street) (City) (State) From (Date) To

(Street) (City) (State) From (Date) To

If you are currently working may we contact your present employer? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

When _____ Why _____

Are you a U.S. Citizen? Yes _____ No _____

If you are not a citizen, have you the right to remain in the U.S.? Yes _____ No _____

EMPLOYMENT DESIRED

Position _____ Date Available _____ Salary Desired _____

Full-Time _____ Part-Time _____

Have you ever applied or worked with GES before? Yes _____ No _____ Date _____

Location _____

WORK HISTORY

Starting with your present or last job, list each job held, including military service and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status. CDL-DRIVERS MUST COMPLETE 10 YEAR HISTORY.

Employer	DATES		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor - Name/Title			

Reason for Leaving

Employer	DATES		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor - Name/Title			

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	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor - Name/Title			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

If applying for a driver position, have you been involved in any vehicle accidents or violations in the past 7 years?

When: _____ Explain: _____

MILITARY

Military Status:

Active-Duty Service From _____ to _____

Branch of Service _____

EDUCATION

Name of School	Address: City, State	Major Subject	Circle Last Year Completed	Graduated/Degree
Grammar			5 6 7 8	
High			9 10 11 12	
College			1 2 3 4	
Trade/Business			1 2 3 4	

SPECIAL SKILLS

Special Skills and Qualifications acquired from previous employment or other experience: _____

If you are an experienced operator of any business machines or equipment, please list: _____

If you are an experienced operator of any plant machines or equipment, please list: _____

Do you have any other skills you wish to mention? _____

List any other experience or qualifications that you feel qualify you for a position with Greenway Environmental Services LLC. _____

REFERENCES

List three references, current or former employers, whom you have known at least one year.

Name	Address	Phone	Occupation
1			
2			
3			

AFFIDAVIT

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish to the Company my record, reason for leaving and all information they may have concerning me, and I hereby release them and the Company from all liability for any damage whatsoever arising therefrom.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish the Company with information used in connection with the evaluation of my qualifications as a prospective employee.

I understand that as a condition of Full-Time employment I will be required to undergo and successfully pass a screening for drugs. I also understand and agree that if employed, I will be subject to random testing according to company policy and subject to drug and alcohol testing when there is reasonable suspicion that I am under the influence of illegal drugs or alcohol.

I understand that in the event of my employment by the Company, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon my employment in accordance with the Federal regulations. In the event of my employment by the Company, I agree to abide by all present and subsequently issued rules of the Company.

Signature _____ Date _____