

Application of Employment for DM&J WASTE MANAGEMENT, INC. d/b/a "DM&J Waste" and "Ellsworth Waste Services"



MAILING ADDRESS: 219 STREAM ROAD, WINTERPORT, ME 04496

PHYSICAL BUSINESSLOCATIONS:

DM&J WASTE
44 TRANSFER STATION RD, WINTERPORT, ME 04496
Tel. (207) 223-4112 Fax 223-5411
Email: help@dmjwaste.com

ELLSWORTH WASTE SERVICES
15 INDUSTRIAL RD, ELLSWORTH, ME 04605
Tel. (207) 667-4333 Fax 667-4333

Applicants will receive consideration without discrimination because of race, color, religion, sex, sexual orientation, ancestry or national origin, age, or veteran status. In addition, this Company does not discriminate on the basis of physical or mental disability where the essential functions of the job, as reasonably accommodated, do not require such distinction. No question on this application is intended to secure information to be used for unlawful purposes.

Applicant Information

Position Applied for: _____

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Rank at Discharge: _____ Type of Discharge: _____

Branch: _____ From: _____ To: _____

If other than honorable, explain: _____

Drivers License Information

DO YOU HAVE A DRIVER'S LICENSE?: YES NO

What is your means of transportation to work? _____

Driver's License number: _____ State of issue _____ Operator _____ Commercial (CDL) _____

Driver's license expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? If so, how many? _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____