



# APPLICATION FOR EMPLOYMENT

Today's Date: \_\_\_\_\_

**All Recycling Inc.**  
**1775 W. Wesley Ave.**  
**Englewood, CO 80110**

Position Applied For: \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status. Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.

<b>PERSONAL</b>						
<b>FULL NAME:</b>	FIRST	MIDDLE	LAST			
- PLEASE PROVIDE ALL ADDRESSES WITHIN THE PAST THREE YEARS, BEGINNING WITH YOUR MOST RECENT RESIDENCE -						
<b>PRESENT ADDRESS:</b>	STREET	CITY	STATE	ZIPCODE	HOW LONG?	TELEPHONE NUMBER:
<b>PREVIOUS ADDRESS:</b>	STREET	CITY	STATE	ZIPCODE	HOW LONG?	TELEPHONE NUMBER:
<b>PREVIOUS ADDRESS:</b>	STREET	CITY	STATE	ZIPCODE	HOW LONG?	TELEPHONE NUMBER:
<b>PREVIOUS ADDRESS:</b>	STREET	CITY	STATE	ZIPCODE	HOW LONG?	TELEPHONE NUMBER:
PERMANENT ADDRESS, IF DIFFERENT FROM ABOVE:		DRIVER'S LICENSE NUMBER AND STATE OF ISSUE:		MAIDEN/OTHER NAMES USED:		
IF YOU DON'T HAVE A PHONE, HOW MAY WE CONTACT YOU?						
ARE ANY OF YOUR RELATIVES EMPLOYED WITH ALL RECYCLING INC.? (A YES ANSWER WILL NOT NECESSARILY ELIMINATE YOU FROM CONSIDERATION) <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF YES, NAME OF RELATIVE:		RELATIONSHIP:		WHICH LOCATION:		
HAVE YOU EVER WORKED FOR ALL RECYCLING INC. BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF YES, AT WHICH LOCATION:		APPROXIMATE DATE:		WHAT WAS YOUR POSITION:		
WHAT WAS YOUR PAY RATE:		REASON FOR LEAVING:				
HOW WERE YOU REFERRED TO ALL RECYCLING INC.?			IN CASE OF EMERGENCY, WHOM SHOULD WE NOTIFY:			
			NAME: _____ PHONE: _____			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF YES, PLEASE EXPLAIN IN DETAIL (USE AN EXTRA SHEET OF PAPER, IF NEEDED):						

<b>EDUCATION</b>					
TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	CIRCLE LAST YEAR ATTENDED	MAJOR SUBJECT	GRADUATED	DEGREE
ELEMENTARY		1 2 3 4 5 6 7 8		<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL		1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL		1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS, TRADE SCHOOL OR OTHER		1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO	

## EMPLOYMENT

ARE YOU CURRENTLY EMPLOYED?  YES  NO

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO

IF YOU ARE NOT CURRENTLY EMPLOYED, HOW LONG HAS IT BEEN SINCE LEAVING YOUR LAST EMPLOYER?

**- PLEASE PROVIDE PREVIOUS EMPLOYMENT HISTORY, BEGINNING WITH YOUR MOST RECENT OCCUPATION -  
DRIVER APPLICANTS MUST PROVIDE TEN YEARS OF EMPLOYMENT HISTORY. PLEASE USE AN EXTRA PIECE OF PAPER, IF NEEDED.**

NAME OF COMPANY:	EMPLOYMENT START DATE: MONTH / YEAR	DESCRIBE YOUR POSITION AND DUTIES (INCLUDE TITLE):	STARTING SALARY/WAGE:
ADDRESS OF COMPANY:			
CITY, STATE, ZIP CODE:	EMPLOYMENT END DATE: MONTH / YEAR		ENDING SALARY/WAGE:
PHONE NUMBER:			
TYPE OF BUSINESS:			REASON FOR LEAVING:
NAME AND TITLE OF IMMEDIATE SUPERVISOR:			

EXPLAIN ANY PERIODS BETWEEN JOBS (IF ANY):

NAME OF COMPANY:	EMPLOYMENT START DATE: MONTH / YEAR	DESCRIBE YOUR POSITION AND DUTIES (INCLUDE TITLE):	STARTING SALARY/WAGE:
ADDRESS OF COMPANY:			
CITY, STATE, ZIP CODE:	EMPLOYMENT END DATE: MONTH / YEAR		ENDING SALARY/WAGE:
PHONE NUMBER:			
TYPE OF BUSINESS:			REASON FOR LEAVING:
NAME AND TITLE OF IMMEDIATE SUPERVISOR:			

EXPLAIN ANY PERIODS BETWEEN JOBS (IF ANY):

NAME OF COMPANY:	EMPLOYMENT START DATE: MONTH / YEAR	DESCRIBE YOUR POSITION AND DUTIES (INCLUDE TITLE):	STARTING SALARY/WAGE:
ADDRESS OF COMPANY:			
CITY, STATE, ZIP CODE:	EMPLOYMENT END DATE: MONTH / YEAR		ENDING SALARY/WAGE:
PHONE NUMBER:			
TYPE OF BUSINESS:			REASON FOR LEAVING:
NAME AND TITLE OF IMMEDIATE SUPERVISOR:			

EXPLAIN ANY PERIODS BETWEEN JOBS (IF ANY):

NAME OF COMPANY:	EMPLOYMENT START DATE: MONTH / YEAR	DESCRIBE YOUR POSITION AND DUTIES (INCLUDE TITLE):	STARTING SALARY/WAGE:
ADDRESS OF COMPANY:			
CITY, STATE, ZIP CODE:	EMPLOYMENT END DATE: MONTH / YEAR		ENDING SALARY/WAGE:
PHONE NUMBER:			
TYPE OF BUSINESS:			REASON FOR LEAVING:
NAME AND TITLE OF IMMEDIATE SUPERVISOR:			

EXPLAIN ANY PERIODS BETWEEN JOBS (IF ANY):

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR FORCED TO RESIGN?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

## GENERAL INFORMATION

LIST BUSINESS AND PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER (OMIT THOSE INDICATING RACE, CREED, SEX, AGE, HANDICAP, NATIONAL ORIGIN OR OTHER PROTECTED GROUP):

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB(S) THAT YOU ARE APPLYING FOR? (PLEASE REFER TO THE SPECIFIC LIST OF JOB REQUIREMENTS FOR THE POSITION)

YES  NO

IF THERE ARE ANY REASONS YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING FOR, PLEASE EXPLAIN: \_\_\_\_\_

EXPECTED WAGE: \_\_\_\_\_

DATE AVAILABLE FOR WORK: \_\_\_\_\_

ARE YOU AVAILABLE TO WORK:  FULL TIME  PART TIME  OVERTIME

IF YOU ARE UNDER 18, CAN YOU SUPPLY PROOF OF AGE?  YES  NO

ARE YOU 21 YEARS OR OLDER (ONLY APPLICABLE FOR DRIVERS)?  YES  NO

ARE YOU AVAILABLE TO TRAVEL?  YES  NO

ARE YOU BONDABLE?  YES  NO

PLEASE CHECK PREFERRED SCHEDULE AND FILL OUT THE WEEKLY CALENDAR BELOW:

FULL TIME  PART TIME, BECAUSE OF: \_\_\_\_\_

HOURS AVAILABLE:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Enter "X" if no restrictions:							
I am available to work from:	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

## MILITARY STATUS

HAVE YOU SERVED IN THE U.S. ARMED FORCES?  YES  NO

IF SO, WHAT BRANCH? \_\_\_\_\_

DATE OF SERVICE, FROM: \_\_\_\_\_ TO: \_\_\_\_\_

RANK AT DISCHARGE: \_\_\_\_\_

## BUSINESS OR PERSONAL REFERENCES

– PLEASE PROVIDE A LIST OF PERSONS WHO HAVE CONTRIBUTED TO YOUR SUCCESS –

NAME:	OCCUPATION:	
ADDRESS:	PHONE NUMBER:	TITLE:
CITY, STATE, ZIP CODE:	HOW LONG KNOWN:	RELATIONSHIP TO THIS PERSON:
NAME:	OCCUPATION:	
ADDRESS:	PHONE NUMBER:	TITLE:
CITY, STATE, ZIP CODE:	HOW LONG KNOWN:	RELATIONSHIP TO THIS PERSON:
NAME:	OCCUPATION:	
ADDRESS:	PHONE NUMBER:	TITLE:
CITY, STATE, ZIP CODE:	HOW LONG KNOWN:	RELATIONSHIP TO THIS PERSON:

## ADDITIONAL EXPERIENCE OR QUALIFICATIONS

SUMMARIZE ANY SPECIAL SKILLS, QUALIFICATIONS, VOLUNTEER ACTIVITIES, MILITARY EXPERIENCE, HOBBIES, EMPLOYMENT OR OTHER ACTIVITIES RELATED TO THE JOB THAT YOU ARE SEEKING WHICH YOU WOULD LIKE TO BE CONSIDERED IN CONNECTION WITH YOUR APPLICATION FOR EMPLOYMENT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SUPPLEMENTAL INFORMATION

ONLY US CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK AND REMAIN PERMANENTLY IN THE UNITED STATES ARE ELIGIBLE FOR EMPLOYMENT AT ALL RECYCLING INC.. CAN YOU, UPON EMPLOYMENT, PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES?  YES  NO

IF YES, PLEASE LIST INFORMATION: \_\_\_\_\_

## DRIVER SECTION

**- THIS PAGE SHOULD ONLY BE COMPLETED BY THOSE APPLYING FOR A DRIVING POSITION -**

PLEASE LIST YOUR DRIVERS LICENSE(S) BELOW:

STATE:	LICENSE NUMBER:	TYPE:	EXPIRATION DATE:

DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS "YES", PLEASE PROVIDE SPECIFIC DETAILS BELOW. USE AN EXTRA PIECE OF PAPER, IF NECESSARY:

PLEASE LIST YOUR DRIVING EXPERIENCE BELOW:

CLASS OF EQUIPMENT:	TYPE OF EQUIPMENT: (VAN, TANK, FLAT, DUMP, REFER.)	DATES FROM: TO:	APPROX. TOTAL NO. OF MILES:
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO			
MOTOR COACH - SCHOOL BUS MORE THAN EIGHT PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO			
MOTOR COACH - SCHOOL BUS MORE THAN FIFTEEN PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO			
OTHER:			

LIST ALL STATES (ABBREVIATED) IN WHICH YOU'VE OPERATED IN FOR THE LAST 5 YEARS:

LIST ANY SAFE DRIVING AWARDS THAT YOU HOLD AND FROM WHOM:

WAS YOUR JOB EVER DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40?  YES  NO

WERE YOU EVER SUBJECTED TO THE FMCSRS WHILE EMPLOYED?  YES  NO

IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS "YES", PLEASE INDICATE WHICH EMPLOYER(S):

LIST ANY PLATFORM EQUIPMENT, MAINTENANCE EQUIPMENT, SPECIAL EQUIPMENT OR TECHNICAL MATERIALS THAT YOU CAN OPERATE (LIFT TRUCK, ETC.):

TYPE OF EQUIPMENT/MATERIALS:	YEARS OF EXPERIENCE:

LIST ANY COURSES OR TRAINING THAT YOU HAVE TAKEN WITH REGARDS TO PLATFORM WORK, MAINTENANCE WORK, DRIVING, TRUCKING, TRANSPORTATION, ETC.:

PLEASE LIST YOUR ACCIDENT HISTORY BELOW. INCLUDE ALL ACCIDENTS WITHIN THE PAST THREE YEARS. USE AN EXTRA PIECE OF PAPER, IF NECESSARY:

DATES: (MONTH/DAY/YEAR)	NATURE OF ACCIDENT: (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES:	INJURIES:	HAZARDOUS MATERIAL SPILL:
LAST ACCIDENT:				
NEXT PREVIOUS:				
NEXT PREVIOUS:				
NEXT PREVIOUS:				
NEXT PREVIOUS:				

PLEASE LIST YOUR TRAFFIC CONVICTION HISTORY BELOW (DO NOT INCLUDE PARKING VIOLATIONS). INCLUDE ALL CONVICTIONS AND FORFEITURES WITHIN THE PAST THREE YEARS. USE AN EXTRA PIECE OF PAPER, IF NECESSARY. IF YOU DO NOT HAVE ANY CONVICTIONS TO REPORT, WRITE THE WORD "NONE" IN THE FIRST LINE:

DATES: (MONTH/DAY/YEAR)	LOCATION OF CONVICTION/FORFEITURE:	CHARGE:	PENALTY:
LAST CONVICTION:			
NEXT CONVICTION:			
NEXT CONVICTION:			

## NOTIFICATION AND AGREEMENT

### – PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS SECTION –

All Recycling Inc. is committed to equal employment opportunity in all of its employment practices. Decisions involving every aspect of the employment relationship are made without regard to an employee's race, color, creed, religion, sex, age, national origin, marital status, veteran status or any other status or characteristic protected under applicable state or federal law, unless it is a bona fide occupational requirement necessary to the normal operation of the business.

Only those applications that are signed and dated are considered valid. If you have any questions regarding this statement, please ask them before signing. Your application will be given every consideration, but its receipt does not imply that you will be employed.

Certain positions at this company may not be held by persons convicted of certain crimes, but a conviction may not necessarily bar you from employment with this company.

Signature of this application gives All Recycling Inc. the authority to run a Motor Vehicles Record report. Our insurance company may also run a report. If the job position that you are applying for constitutes driving a motor vehicle, it is imperative that a good driving record exists.

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I certify that all of the answers and statements that I have made on this application (and any other accompanying or required documents) are true and complete without omissions. I understand that any falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I understand that my employment may be subject to the satisfactory results of any examination required by All Recycling Inc., including a mandatory urine test to detect drug or alcohol usage and hereby submit to said testing. I agree to conform to all rules and regulations of the company as they presently exist or are later modified. I recognize that my employment is at will and may be terminated at the discretion of All Recycling Inc. or at my option, without notice, at any time, except as specifically set forth in writing in a current written agreement signed by the President of All Recycling Inc.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between All Recycling Inc. or myself for employment for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President of All Recycling Inc..

I acknowledge that I have read and understand and agree with the above. In addition, I hereby authorize any of the persons or organizations named in this application (or other accompanying or required documents) to give you complete information and records regarding my employment, education, character and qualifications. This application is valid for only sixty (60) days from the date signed. If I want to be considered for job openings more than sixty (60) days from date signed, I will submit a new application.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

## BINDING ARBITRATION AGREEMENT

### – PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS SECTION –

Except as provided below, any dispute or claim which arises out of or in any way relates to your employment with All Recycling Inc. shall be resolved by binding arbitration in accordance with the then effective rules of the American Arbitration Association by filing a claim in accordance with the filing rules of the organization selected.

Examples of disputes and claims which are subject to binding arbitration include, but are not limited to, the following:

- Wage claims
- Civil rights discrimination claims (race, national origin, sex, age, religion, disability, marital status, etc.)
- Claims of wrongful discharge and other tort claims (defamation, invasion of privacy, etc.)
- Claims of breach of employment contracts

Disputes or claims that are governed by the workers' compensation laws of Colorado (Colorado Revised Statutes 8-14.5-101, et. seq) are not subject to this binding arbitration. Likewise, claims subject to a grievance arbitration provision of a collective bargaining agreement are not subject to this binding arbitration.

In binding arbitration, one person typically serves as the arbitrator. The arbitrator resolves the dispute or claim. Neither you nor All Recycling Inc. are entitled to have a jury resolve the dispute or claim in binding arbitration. After the arbitration makes a decision on the claim or dispute involved, the judgment upon the award shall be entered in any court having jurisdiction. The arbitrator's decision is final and binding on all parties.

Select one of the following options:

I understand and agree to binding arbitration regarding the disputes and claims described above.

I do not agree to binding arbitration regarding the disputes and claims described above.

In the event you do agree to binding arbitration, any dispute or claim arising out of your employment that All Recycling Inc. may have against you will also be subject to binding arbitration, as described above. This authorization can only be withdrawn in writing. Written withdrawals must be submitted to the Human Resource Department and will be effective for disputes arising after the Human Resource Department receives a written withdrawal.

\_\_\_\_\_  
PRINTED NAME OF EMPLOYEE

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE

**SUPPLEMENTAL APPLICATION**

– Hablas espanol? Disponible en espanol pida una copia a la recepcionista por favor. Gracias. –

1.) All Recycling Inc. is a people business with customer service and satisfaction as one of its primary goals. How do you feel you can contribute to our goals?

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2.) Why do you want this job and how does it fit in with your future plans? \_\_\_\_\_

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3.) What did you like best about your last job? \_\_\_\_\_

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4.) What did you like least about your last job? \_\_\_\_\_

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5.) Think back to the supervisors that you have had in the past. Which one did you like the best and why?

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6.) Which supervisor did you dislike, and why? \_\_\_\_\_

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7.) What made you angry? \_\_\_\_\_

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8.) Who is primarily responsible for your safety? \_\_\_\_\_

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9.) What area of your skills/professional development needs improvement and how will this be accomplished?

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10.) What do you think should be done about an employee who is not doing a fair share of the work? \_\_\_\_\_

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11.) How would you define a productive work atmosphere? \_\_\_\_\_

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