

**Black Hawk Waste & Disposal**  
**811 Dearborn Ave**  
**Waterloo, Iowa 50703**  
**(319)232-4150**

- Office use only  
 FMCSR Applicable  
 Safety Sensitive

Application

(Please fill out completely for employment consideration)  
(Please Print All Information)

**Date of Application:** \_\_\_\_\_

Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (M) (Last)

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Previous Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Which position are you applying for: \_\_\_\_\_ Full Time Part Time Temporary  
(Please Circle)

Date Available: \_\_\_\_\_ Wage Desired: \_\_\_\_\_ Currently Employed:  Yes  No

Are you at least 18 years of age?  Yes  No

Have you worked for Black Hawk Waste before?  Yes  No If so, when? \_\_\_\_\_

Do you have reliable transportation to/from work?  Yes  No

Have you been convicted of a crime within the last seven (7) years? If so, please explain:  Yes  No

\_\_\_\_\_

\_\_\_\_\_

Education – Last School Attended – Please list CDL Education on Page 2.

Name: \_\_\_\_\_ City, State: \_\_\_\_\_

Major: \_\_\_\_\_ Diploma: \_\_\_\_\_ Year: \_\_\_\_\_ Graduate:  Yes  No

List any special training that will help you in this position: \_\_\_\_\_

\_\_\_\_\_

Military Service

Branch of Service	Period of active duty (Mo/Yr)	Date of Final Discharge	Rank at Discharge	Discharge Status
_____	_____ (From) _____ (To)	_____	_____	<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable

The Civil Rights Act of 1964 prohibits discrimination based on race, color, religion or national origin.  
Public Law 90-202 prohibits discrimination based on age.

License Information – Please fill out even if you are not applying for driving position.

Driver Background

License #: \_\_\_\_\_ State: \_\_\_\_\_ Class:  A  B  C Expiration: \_\_\_\_\_  
 Driving School: \_\_\_\_\_ Graduate Year: \_\_\_\_\_ Provide Certificate at Interview.  
 Do you have a valid medical card? Yes  No  Expiration: \_\_\_\_\_

Driving Experience

Classification of Equipment	Type of Equipment (Please Circle)				From (mm/yy)	To (mm/yy)	Apx. Total Miles
	Yes	No	Van	Tank			
Straight Truck	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
Tractor & Semi-Trailer	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
Tractor & Two-Trailer	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
Other _____							

Accidents

Date: _____	Type				Fatalities		
	Head-On	Rear-End	Single Vehicle	Intersection	Other _____	Yes	No
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Explain: _____							
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Explain: _____							
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Explain: _____							

Traffic Violations

Date: _____	Location: _____	Charge: _____	<input type="checkbox"/> Penalty	<input type="checkbox"/> Fine
Date: _____	Location: _____	Charge: _____	<input type="checkbox"/> Penalty	<input type="checkbox"/> Fine
Date: _____	Location: _____	Charge: _____	<input type="checkbox"/> Penalty	<input type="checkbox"/> Fine
Date: _____	Location: _____	Charge: _____	<input type="checkbox"/> Penalty	<input type="checkbox"/> Fine

License Record

Has your license, permit, or privilege to operate a vehicle ever been suspended, revoked, or denied?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Work History – List in order with most recent first. Attach additional sheet if necessary.  
Please list last 3 years of employment or 10 years for safety sensitive positions.

Company Name:	_____	From:	_____	To:	_____
			mm/yy		mm/yy
Address:	_____	City, State, Zip:	_____		
Supervisor:	_____	Phone:	_____	May we contact this employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Title:	_____	Description of duties:	_____		
Reason for leaving:	_____				

Company Name:	_____	From:	_____	To:	_____
			mm/yy		mm/yy
Address:	_____	City, State, Zip:	_____		
Supervisor:	_____	Phone:	_____	May we contact this employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Title:	_____	Description of duties:	_____		
Reason for leaving:	_____				

Company Name:	_____	From:	_____	To:	_____
			mm/yy		mm/yy
Address:	_____	City, State, Zip:	_____		
Supervisor:	_____	Phone:	_____	May we contact this employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Title:	_____	Description of duties:	_____		
Reason for leaving:	_____				

Professional References – Excluding relatives and friends

Name:	_____	Phone:	_____	Relationship:	_____
	(First)	(Last)			

Name:	_____	Phone:	_____	Relationship:	_____
	(First)	(Last)			

Name:	_____	Phone:	_____	Relationship:	_____
	(First)	(Last)			

Emergency Contact

Name:	_____	Phone:	_____	Relationship:	_____
	(First)	(Last)			

**Release & Documentation of Pre-Employment Testing Information  
by Applicant / Driver Required by 40.25(j)**

Part 4-.25j requires Employers to ask Applicant/Driver whether he or she has tested positive or refused to test on any Pre-Employment alcohol or drug tests administered by an Employer to which the Applicant/Driver applied, but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.

During the past two (2) years, have you tested positive on a Pre-Employment alcohol or drug test administered by an Employer in which you applied for, but did not obtain safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?  
Yes  No

During the past two (2) years, have you refused to test on a Pre-Employment alcohol or drug test administered by an Employer in which you applied for, but did not obtain safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?  
Yes  No

If you answered **yes** to either of the questions above, please explain below and provide documentation of your successful completion of the return-to-duty process required by part 40 Subpart O.

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**Fair Credit Reporting Act Disclosure Statement**

In accordance with the provisions of Section 604(b)(2)(a) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 383, 413, 391.23 and 391.23 of the Federal Motor Carrier Safety Regulations.

**CERTIFICATION:** I certify that I have read and understood the above requirements and how it affects my employment with Black Hawk Waste and its subsidiaries.

Driver's Name (printed): \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION OF COMPLIANCE  
WITH DRIVERS LICENSE REQUIREMENTS**

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Park 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighting 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Park 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state. There is a \$2,500.00 fine for possessing more than one valid drivers license.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to 1) your employing motor carrier, and 2) the state you issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

I certify that the following license is the only one I will possess and this is subject to my being discontinued from further consideration from employment, should it be discovered that I have falsified this document.

Driver's License No.: _____ State: _____ Expiration Date: _____
<b>CERTIFICATION:</b> I certify that I have read and understood the above requirements and how it affects my employment with Black Hawk Waste and its subsidiaries.
Driver's Name (printed): _____
Driver's Signature: _____ Date: _____

## **Criminal Background Check/MVR Policy**

Black Hawk Waste Disposal desires to provide its staff and customers with a reasonably safe and secure environment and to provide reasonable protection for the financial and material assets of the company. It is appropriate in the employment process for the ability to screen persons for positions on the basis of specific criminal conviction records that raise a reasonable doubt as to an individual's fitness for a particular position.

This procedure is intended to insure the privacy of individuals while meeting the purpose of conviction record checks. This procedure will be followed when filling vacancies with new hires or internal transfers, in positions which are designated as sensitive. This procedure may also be followed in other situations where its use is reasonably deemed relevant to a specific employment decision.

When the use of criminal conviction or MVR records is appropriate, within the scope of the policy stated above, any such information must be reviewed by the General Manager as to its relevance to the specific employment decision to be made. This evaluation shall consider, but not be limited to, the following factors:

- Falsification of application
- Date of conviction
- Subsequent employment records
- Length of company service and work performance
- Number and gravity of conviction(s) and the nature of the work to be performed
- The potential opportunity through abuse of work related functions or situations, to cause loss or harm to the staff or to the financial or material property of Black Hawk Waste Disposal.

All employees of Black Hawk Waste Disposal are required to sign this release form allowing Black Hawk Waste Disposal to make a thorough criminal background check and gain access to their Motor Vehicle Report (MVR).

Existence of a conviction record will not automatically disqualify the applicant/employee from employment. However, giving false information or omission of information may be grounds for denial of employment, discharge if hired, or termination of current employee.

### **All Applicants Please Read Carefully**

I hereby affirm that I have supplied complete and correct information to the above questions and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that falsification of information on this application could be cause for dismissal at any time after employment. I authorize Black Hawk Waste Disposal to contact any company or persons mentioned in this application except those marked "No" do not contact. I also understand that in conjunction with my employment application, Black Hawk Waste may use the services of an outside agency to research and verify the information I have provided. This agency will provide a written report of its findings to Black Hawk Waste and may utilize various sources of information it deems appropriate, including but not limited to the searches listed hereafter: Identity, Criminal Records, including Criminal Conviction records, Sexual Offender/Predator, Previous Employment, including current and former employers, Military Records, Professional and Personal References. I understand that in the event that I am considered for employment as a driver, I will undergo a physical examination as required by Black Hawk Waste policy. I give permission to screen, verify and process the above by signing below.

Driver's License No.: _____ State: _____ Expiration Date: _____
<b>CERTIFICATION:</b> I certify that I have read and understood the above requirements and how it affects my employment with Black Hawk Waste and its subsidiaries.
Driver's Name (printed): _____
Driver's Signature: _____ Date: _____

# Insurability Standards

## The Tier System

For reasons of insurability is mandatory that each and every driver employed by Black Hawk Waste Disposal Company, Inc. and its subsidiaries, be notified that your continued employment depends on your insurability. **All violations whether on or off duty will affect your insurability and will be counted against you.** In the event that you should become uninsurable while employed with Black Hawk Waste Disposal Company, Inc. or any of its subsidiaries, then your employment will be terminated at that time.

The following rules supersede all current written rules regarding driver guidelines:

**Tier I Violations (1 point each violation)**

- Improper stop on Highway
- Lane Violations
- Speeding (1-10 mph over the limit)
- Traffic Control Device

**Tier II Violations (2 points each violation)**

- Accident at-fault
- Speeding (11-15 mph over the limit)
- Following-too-close
- One-Way Street
- Failure to Yield
- Red Light
- Stop Sign
- Careless Driving
- Improper "U" Turn

**Tier III (3 points each violation)**

- Speeding (16-20 mph over the limit)
- Railroad Crossing

**Point Accumulation**

- 1-3 points within a 36 month period constitute an insurable driver.
- 3 points within a 12 month period may be subject to driver probation
- 4 or more points within a 36 month period constitute an uninsurable driver.
- Note: The Insurance Company reserves the right to determine an acceptable, insurable risk. Rules are meant solely as tools by which to determine insurability, or acceptability of risk.

**Note**

The Insurance Company reserves the right to determine an acceptable, insurable risk. Rules are meant solely as tools by which to determine insurability, or acceptability of risk.

I have read and understand the above notice and how it effects my employment with Black Hawk Waste Disposal Company, Inc. and its subsidiaries.

**CERTIFICATION:** I certify that I have read and understood the above requirements and how it affects my employment with Black Hawk Waste and its subsidiaries.

Driver's Name (printed): \_\_\_\_\_ Social Security No: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_