

**Black Hawk Waste Disposal &
Cedar Valley Recycling and Transfer**
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)

Which company are you applying for: Black Hawk Waste Disposal Cedar Valley Recycling & Transfer

Name: _____ Today's Date: _____
(First) (M) (Last)

Address: _____ City, State, Zip: _____
 Previous Address: _____ City, State, Zip _____

Phone: _____ Social Security Number: _____

E-mail: _____ Date of Birth: _____

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

How did you hear about this position? _____

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/Cedar Valley Recycling before? Yes No If so, when? _____

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

Do you have a current and valid license to drive? Yes No

Education – Last School Attended – Please list CDL Education on Page 3.

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

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)	

CRIMINAL BACKGROUND CHECK & MVR AUTHORIZATION

Black Hawk Waste Disposal/Cedar Valley Recycling & Transfer, hereafter described as 'BHW/CVR', 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 BHW/CVR.

All employees are required to sign this release form allowing BHW/CVR 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.

CERTIFICATION: I hereby affirm that I have supplied complete and correct information to all questions in this application 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 further authorize BHW/CVR 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, BHW/CVR 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 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 give permission to screen, verify and process all of the above by signing below.

Applicant's Name: _____ Social Security No: _____
(Printed)

Applicant's Signature: _____ Date: _____

DRIVER APPLICANT ONLY

License Information

Driver Background

License #: _____	State: _____	Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Expiration: _____
Driving School: _____		Graduate Year: _____	
Do you have a valid medical card?		Provide Certificate at Interview.	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Expiration: _____	

Driving Experience

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

Accidents – List any accidents you were involved in for the last three years, regardless of fault.

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

Traffic Violations – List all traffic violations in the past three years, other than parking tickets.

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____	

DRIVER APPLICANT ONLY

DRIVER AUTHORIZATIONS

Pre-Employment Drug Testing, Drug & Alcohol, Previous Employment, and Driving Record

As a condition of qualification, a urine sample collection and controlled substance test is required. It is understood that a positive test for controlled substance based on the urinalysis test will medically disqualify an applicant from the operation of a commercial motor vehicle for Black Hawk Waste Disposal/ Cedar Valley Recycling & Transfer.

Black Hawk Waste Disposal/Cedar Valley Recycling & Transfer reserves the right to use an outside agency to maintain and conduct drug screening. This may include pre-employment, post-accident, random, or reasonable suspicion. Your written authorization will be required for the urinalysis test results to be given to any other parties.

Part 4-.25j requires Employers to ask Applicants 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.

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 Disposal/Cedar Valley Recycling & Transfer and its subsidiaries and authorize Black Hawk Waste Disposal/Cedar Valley Recycling & Transfer to obtain the information authorized above.

Driver's Signature: _____ Date: _____

**PRE-EMPLOYMENT CHECKLIST
FOR OFFICE USE ONLY**

Applicant Name _____

- Application _____
- Background Check _____
- Reference/Past Employer Check _____
- MVR (Driver Only) _____
- Interview _____
- Road Test (Driver Only) _____

APPLICANT EVALUATION

Position _____ Wage Requested _____

Work History Notes _____

Criminal History _____

Misc Notes _____

DRIVER ONLY

Class A B Medical Card Yes No Driving Certificate Yes No

Driving History Notes _____

Reviewed By _____

INTERVIEW INFORMATION

Interview Status Scheduled Interviewer _____ Date _____ Time _____

Rejected

Comments _____

POST INTERVIEW EVALUATION

This applicant is: A strong candidate

A possible candidate for another position _____

Of no further interest

Comments _____

NEW-HIRE PROCESS

	Date	Time		
Drug Test	_____	_____		Start Date _____
Road Test	_____	_____	Driver Videos <input type="checkbox"/>	Hourly Pay _____
Movies	_____	_____	Equip Videos <input type="checkbox"/>	Position _____