



2001 E Oak St
 Algona, IA 50511

515-295-7346
 515-295-9422 (fax)
info@DumpItAlgona.com

APPLICANTS INFORMATION

Full Name: _____
 First Middle Initial Last

Current Address: _____
 Number Street City, State Zip

Home Phone: () _____ Cell Phone: () _____

Are you 18 years of age or older: YES NO

Are you legally able to work in the United States? YES NO
(Proof of Citizenship or immigration status will be required upon employment)

Have you been convicted of a felony within the last seven year? YES NO

If YES, please explain _____

If the position you are applying for involves the driving of a vehicle or equipment which requires a license, do you have a valid license? YES NO

If YES, please specify the type of license _____ Operators License _____ CDL

EMPLOYMENT DESIRED

Job Title: _____ Date available to start: _____ Wage Desired: _____

Are you available to work: Full-Time Part-time Seasonal

How did you learn about us? Advertisement Friend Relative Walk-In

Employment Agency DI Employee: _____ Other: _____

EDUCATION

Do you have a high school diploma or GED? YES NO

Name of last school attended: _____ City: _____ State: _____

Circle last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Circle the highest degree earned: High School Diploma GED Certificate AA BD Other

Area of Concentration and/or degree(s), certificates, licenses, endorsements: _____

Other Training or Skills: _____

SPECIALIZED SKILLS

Skid Loader Loader Truck

EMPLOYMENT EXPERIENCE

Employer	Dates Employed		Job Responsibilities
Supervisor	Start	End	
Address			
Phone	Hourly Rate/Salary		
Reason for leaving	Start	End	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Employer	Dates Employed		Job Responsibilities
Supervisor	Start	End	
Address			
Phone	Hourly Rate/Salary		
Reason for leaving	Start	End	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Employer	Dates Employed		Job Responsibilities
Supervisor	Start	End	
Address			
Phone	Hourly Rate/Salary		
Reason for leaving	Start	End	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Employer	Dates Employed		Job Responsibilities
Supervisor	Start	End	
Address			
Phone	Hourly Rate/Salary		
Reason for leaving	Start	End	

Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol & controlled substances testing requirements as required by 49 CFR Part 40? YES NO

May we contact your former employers to verify this information? YES NO
May we contact your present employer? YES NO

REFERENCES

- 1. _____ ()
Name Phone
- 2. _____ ()
Name Phone
- 3. _____ ()
Name Phone

Please provide any additional information that you feel makes you a good candidate for this position:

I grant permission to Dump It Sanitation & Recycling Inc. to conduct an investigation and to solicit information as to my education, employment history, driving record, criminal background as well as my character and general reputation.

I understand that any offer of employment is contingent upon the successful completion of both a drug and alcohol test.

I certify that all statements made by me on this application are true and correct to the best of my knowledge. I understand that any false, inaccurate or omitted statements of fact could be cause for rejection of my application or termination of my employment at any time.

I have read, understand and consent to these statements.

Signature: _____

Date: _____

