

# **APPLICATION FOR EMPLOYMENT**

| Nan  | ne:   |
|------|---|
| Date | 2:  |
| Loca | ation:  |
|      | Please indicate the position(s) for which you wish to<br>be considered. Applicants are considered only for<br>specific positions. (do not list "any") |
| 1.   |   |
| 2.   |   |
| 3.   |   |



## **APPLICATION FOR EMPLOYMENT**

#### DATE: POSITION APPLIED FOR: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date Available for Work:

**INSTRUCTIONS:** Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for the position(s) for which you have applied. Upon employment, this application will become part of your permanent record at S.I.C. Recycling, Inc.. Keep this in mind as you complete it. Special Note: You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. S.I.C. Recycling, Inc. does not discriminate on the basis of race, color, religion, gender, national origin, pregnancy, marital status, citizenship, age, disability, veteran status, or any other legally protected class. You may request assistance in completing this application.

| PERSONAL   |                        |                 |   |               |         |
|--|------------------------|-----------------|---|---------------|---------|
| Name   |                        |                 | Telephone N   | [umber: ( )   |         |
| First  | <b>M.I.</b>            | Last            |   |               |         |
| Street   |                        | Box             | City  | ST            | Zip     |
| Cell/Digital Phone                                   |                        | E-Ma            | il Address  |               | _@      |
| If younger than 18, state                            | your age here          |                 | ou legally entitled to wor<br>ince with I-9 requirements is |               |         |
| Have you ever been emp                               | loyed by Sloan In      | -               | C. Recycling? 🗆 yes 🗆                                       |               | •       |
| -  | • •                    | -               | · · · ·   |               |         |
| Do you currently hold a                              | Commercial drivi       | ng license (CDI | ded? □ yes □ no If yes,<br>                                 |               |         |
| EDUCATION  | •••••••••••••••••••••• |                 | ••••••••••••••••••••••••••••••••••••                        | ••••••••      |         |
|  |                        |                 |   |               |         |
| Did you graduate?                                    | If no, last gr         | ade completed _ | G.E.D. Obtai  | ned? Grade    | Average |
| a n ar 1413  | lress)                 |                 |   |               |         |
| Colleges (Name and Add                               | ross)                  |                 |   |               |         |
|  | II (55)                |                 | leted Grade Poi   | int AverageDe | gree    |
|  | ,                      | of hours comp   |   |               | 8       |
| Colleges (Name and Add<br>Did you graduate?          | If no, number          | -               | If attending, date of                                       | graduation    | -       |
| Colleges (Name and Add<br>Did you graduate?<br>Major | If no, number<br>Minor |                 |   |               |         |



| Lis                                  | t service in U.S. Military: From   |                  | to               | Bran                        | ch                 |                                       |
|--------------------------------------|--|------------------|------------------|-----------------------------|--------------------|---------------------------------------|
| Ra                                   | nk at Discharge  | Military ex      | perience that    | may be applicat             | ole to working her | e                                     |
| Lis                                  | ENERAL EMPLOYMENT INF(<br>of here all of the equipment with<br>rd processor, calculator, compute | which you hav    | e experience a   | and training. (E.           | xamples: cash regi | ster, small tools, forkli             |
| Are                                  | e you willing to relocate?   |                  | If yes, state lo | ocation preferred           | <br>               |                                       |
| Sal                                  | ary Expectedhour   | or week          | Number of        | hours you are av            | ailable per week?  | No preferen                           |
|                                      | pe of Employment sought:   |                  |                  | -                           | -                  | -                                     |
|                                      | nich of the following are you ava  | -                | -                |                             |                    |                                       |
|                                      | 0.   |                  | v                |                             | , ,                | · · · · · · · · · · · · · · · · · · · |
|                                      | olidays: 🗆 yes 🗆 no 🛛 Shift W  | ork: □ ves □     | no               |                             |                    |                                       |
|                                      | licate hours you are available to  | •                |                  | (or check <i>Anvtin</i>     | e, if you have no  | restrictions):                        |
|                                      | -  |                  |                  | Friday                      | •                  | Sunday                                |
|                                      | to toto  |                  |                  |                             |                    |                                       |
|                                      | t0t0<br>Anytime  |                  |                  |                             |                    |                                       |
|                                      | e you able and willing to perform  | •                | •                | •                           | -                  | •                                     |
|                                      |  | lon't know       | unctions of u    | ie job for which            | you are applying,  | including travel,                     |
|                                      | no, indicate reason:   |                  | nood difform     | t dava 🗆 nood               | more training -    | hange in duties                       |
|                                      |  |                  |                  | •                           | -                  | change in duties                      |
|                                      | her, (explain accommodation ne   |                  |                  |                             |                    |                                       |
|                                      | e you currently under a non-con  |                  |                  |                             |                    |                                       |
| •                                    | res □ no If yes, please explain a  |                  | 0                | -                           |                    |                                       |
|                                      |  |                  |                  |                             |                    |                                       |
| EX                                   | PERIENCE: List below all pro   | esent and past e | employment,      | beginning with y            | our most recent e  | mployer                               |
| -                                    |  |                  |                  |                             |                    |                                       |
|                                      | 1ployer  |                  |                  |                             |                    |                                       |
|                                      | dress  |                  |                  |                             |                    |                                       |
|                                      | nd of Business   |                  |                  | -                           |                    |                                       |
|                                      | b Title  |                  |                  |                             |                    | ischarge 🗆 Retired                    |
|                                      | tes Employed   |                  |                  |                             |                    |                                       |
|                                      | r Job Reference, call  |                  |                  |                             |                    |                                       |
| For                                  |  |                  |                  |                             |                    |                                       |
| Fo                                   | Please do not contact this emplo   |                  |                  |                             |                    |                                       |
| For                                  | Please do not contact this emplo   |                  | •••              |                             |                    |                                       |
| For<br>D                             | nployer  | yer. Why not?    | •••              |                             |                    |                                       |
| For<br>D<br>Em<br>Ad                 | nployer<br>dress   | yer. Why not?    | •••              |                             |                    |                                       |
| For<br>D<br>Em<br>Ad                 | nployer  | yer. Why not?    | •••              |                             |                    |                                       |
| For<br>1<br>Em<br>Ad<br>Kin          | nployer<br>dress   | yer. Why not?    | •••<br>          | ,<br>Supervisor             |                    | ischarge □ Retired                    |
| For<br>D 1<br>Em<br>Ad<br>Kin<br>Jot | nployer<br>dress<br>nd of Business   | yer. Why not?    | •••<br>          | Supervisor<br>Reason for Le | aving: 🗆 Quit 🗆 D  | ischarge □ Retired                    |



| 3. Employer                                   |  |
|---|--|
| Address                                       |  |
| Kind of Business                              |  |
| Job Title                                     | Reason for Leaving: 🗆 Quit 🗆 Discharge 🗆 Retired |
| Dates Employed to                             |  |
| For Job Reference, call                       | at   |
| Please do not contact this employer. Why not? |  |

In the following space, please describe briefly why you are applying for this position:

In the following space, please describe your strengths and talents and how our company will benefit from your work here.

| <br> | <br> |  |
|------|------|--|
|      |      |  |
| <br> | <br> |  |
|      |      |  |
| <br> | <br> |  |
|      |      |  |

### CONDITIONS OF EMPLOYMENT

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job and hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.
- III. I understand that I may be required to work overtime as a condition of being employed.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand I am an employee at will, and that this application is not a contract of employment S.I.C. Recycling, Inc., and that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either S.I.C. Recycling, Inc., or me. I understand that no representative of S.I.C. Recycling, Inc., has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy or practice of S.I.C. Recycling, Inc., may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and an officer of S.I.C. Recycling, Inc..
- V. I understand that I may be required to submit to a pre-employment, and post-employment test for fitness and/or substance abuse, if not prohibited by law.
- VI. As a condition of employment, I accept that any complaint or conflict that cannot be resolved internally may be referred to Alternative Dispute Resolution, unless prohibited by law.



## AUTHORIZATION TO RELEASE INFORMATION

| Last Name                          | First Na                             | First Name                               |     |                     |  |
|------------------------------------|--------------------------------------|--|-----|---------------------|--|
| Street Address                     | City                                 | State                                    | Zip | Dates Lived Here    |  |
| Addresses for the Past Seven Years | s: (include street, city, state, zip | code)                                    |     | Dates of Residence: |  |
|                                    |                                      |  |     |                     |  |
|                                    |                                      |  |     |                     |  |
| Date of Birth                      | Other Names Used (in                 | Other Names Used (including maiden name) |     | Years Used          |  |
| Social Security Number             | ecurity Number Driver's License #    |  |     | State               |  |

Email address (may be used for official correspondence)

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

\*\*I hereby do do not authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Applicant Signature

Date

□ CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

□ MASSACHUSETTS APPLICANTS ONLY: Under Massachusetts law, an employer is prohibited from making written, preemployment inquiries of an applicant about his or her criminal history. Massachusetts applicants should not respond to any of the questions seeking criminal record information.

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.