

APPLICATION FOR EMPLOYMENT

Nan	ne:
Date	2:
Loca	ation:
	Please indicate the position(s) for which you wish to be considered. Applicants are considered only for 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	M.I.	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 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, 		
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 Did you graduate?	If no, number	-	If attending, date of	graduation	-
Colleges (Name and Add Did you graduate? Major	If no, number 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(of here all of the equipment with 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	 	
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	-	-			
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	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 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 D	nployer	yer. Why not?	•••			
For D Em Ad	nployer dress	yer. Why not?	•••			
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For 1 Em Ad Kin	nployer dress	yer. Why not?	••• 	, Supervisor		ischarge □ Retired
For D 1 Em Ad Kin Jot	nployer dress nd of Business	yer. Why not?	••• 	Supervisor 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.

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.