

Application for Employment

Company Name Sunburst Environmental Service Inc.

Street Address PO Box 425 188 North Mecca Street rear building

City, State, Zip Code Cortland, OH 44410

Signature of Applicant _____

Date _____

Name _____ Phone: (_____) _____
First Middle Last

*Current Address _____
Street City State Zip Code

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

Position Applying for _____ Temporary _____ Part Time _____ Full Time _____

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before? _____ Dates: From _____ To _____
month/year month/year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
Name Address

GENERAL

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment—all circumstances will be considered.

Have you ever worked for this company under another name? _____ If so, under what name? _____

EMPLOYMENT FOR THE PAST 10 YEARS

(Attach sheet if you had more than 3 employers in past 10 years)

Last Employer

Name _____ Supervisor's Name _____

Address _____
Street Address City State Zip Phone

Position Held _____ From _____ To _____ Salary \$ _____

Reasons for Leaving _____

Second Last Employer

Name _____ Supervisor's Name _____

Address _____
Street Address City State Zip Phone

Position Held _____ From _____ To _____ Salary \$ _____

Reasons for Leaving _____

Third Last Employer

Name _____ Supervisor's Name _____

Address _____

Street Address	City	State	Zip	Phone
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Position Held _____ From _____ To _____ Salary \$ _____

Reasons for Leaving _____

Explain any gaps in employment _____

Sunburst Verified (initial)

Additional Employers (if necessary)

Name _____ Supervisor's Name _____

Address _____

Street Address	City	State	Zip	Phone
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Position Held _____ From _____ To _____ Salary \$ _____

Reasons for Leaving _____

Explain any gaps in employment _____

Name _____ Supervisor's Name _____

Address _____

Street Address	City	State	Zip	Phone
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Position Held _____ From _____ To _____ Salary \$ _____

Reasons for Leaving _____

Explain any gaps in employment _____

Name _____ Supervisor's Name _____

Address _____

Street Address	City	State	Zip	Phone
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Position Held _____ From _____ To _____ Salary \$ _____

Reasons for Leaving _____

Explain any gaps in employment _____

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Job Function

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
			General Car Repair		

Shop Equipment

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment			Tire Servicing Machine		
			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding Equipment			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		
Air Conditioning			Inspections		
			General Car Repair		

CLERICAL EXPERIENCE & QUALIFICATIONS

List courses and training in office work _____

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience		Formal Training (Check)	Years of Experience
Typing (wpm)			Dictating Machine		
Shorthand (wpm)			Bookkeeping Machine		
Billing			Switchboard Equipment (Indicate type)		
Filing			Tabulator		
Computers (indicate software)			Accounting		
Word Processing Equipment			OS & D		
Key Punch			Interline		
Calculator			Claims		
Adding Machine			Cashier		
Telecopier			Dispatcher		
Photocopier					

Rates (Indicate tariffs with which you have worked)

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each _____

List platform equipment you can operate (lift truck, etc.) _____

List courses or training in platform work _____

APPLICANT MUST READ & SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature

FOR OFFICE USE—DO NOT WRITE IN THIS SPACE

PROCESS RECORD—

Applicant Hired? _____ Yes _____ No

Date of Birth _____ (month/day/year)

Date Employed _____

Point Employed _____

Department _____

Classification _____

(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY NOTIFY: _____ Phone: () _____

Address _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record On File
1. Application						
2. Interview						
3. Physical Exam *						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Policy and Traffic Record						

*driver applicants only

Signature of Interviewing Officer _____ Date _____

TRANSFERS

From: _____ To: _____ From: _____ To: _____

Date: _____ Date: _____

Reason for Transfer _____ Reason for Transfer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____