



PO Box 581
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

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Supervisor	Start	End	
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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: _____