



Arrowwaste, Inc.
 1296 Chicago Drive
 Jenison, MI 49428
 (616) 748-1955

Mailing Address:
 PO Box 828
 Jenison, MI 49429
 jobs@arrowwaste.com

Mechanic Application for Employment

Incomplete applications will not be considered

Arrowwaste, Inc. does not discriminate in hiring on the basis of race, color, religion, sex, marital status, national origin or ancestry, age, physical or mental handicap unrelated to ability, or any unfavorable discharge from military service or any other legally protected status.

Arrowwaste, Inc. will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

GENERAL INFORMATION:

APPLICATION DATE:		DATE AVAILABLE TO WORK:	
LAST NAME:	FIRST NAME:		M.I.:
PRESENT ADDRESS:			
CITY:		STATE:	ZIP:
DATE OF BIRTH*:	TELEPHONE NUMBER:		EMAIL ADDRESS:
SOCIAL SECURITY NUMBER*:	DESIRED SALARY:	REFERRED BY:	

*REQUIRED FOR COMMERCIAL DRIVERS

Do you presently have lawful, unexpired authorization to be employed by Arrowwaste, Inc. in the United States? Yes No

Have you ever worked for this company before? Yes No

If you answered "yes" please provide the dates of your employment, job title and reporting manager's name here: _____

Please check off which license you hold, if any:

Class-A Class-B Class-C Class-D Permit

Special Endorsements _____



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Please mark the box with your experience driving the following refuse vehicles:
Leave Blank if no experience driving refuse vehicles

<input type="checkbox"/> Rear Load	<input type="checkbox"/> Front Load	<input type="checkbox"/> Side Load/Automated	<input type="checkbox"/> Roll-off
<input type="checkbox"/> Semi & Trailer	<input type="checkbox"/> Semi Roll-off	<input type="checkbox"/> Stake Truck	<input type="checkbox"/> Sweeper
<input type="checkbox"/> Other refuse vehicle(s)-Describe here:			

The following information is required by the U.S. Department of Transportation (“USDOT”), Federal Motor Carrier Safety Regulation (“FMCSR”) Section 391.21, and by company policy for Non-CDL holders.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

COMMERCIAL MOTOR VEHICLE OPERATOR’S LICENSE

PLEASE LIST THE ISSUING STATE, NUMBER, AND EXPIRATION DATE OF EACH UNEXPIRED COMMERCIAL MOTOR VEHICLE OPERATOR’S LICENSE OR PERMIT THAT HAS BEEN ISSUED TO YOU, IF ANY.

STATE	NUMBER	EXPIRATION	LICENSE / PERMIT

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES NO



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NON-COMMERCIAL MOTOR VEHICLE OPERATOR'S LICENSE

STATE	NUMBER	EXPIRATION	LICENSE / PERMIT

PREVIOUS RESIDENCY

PLEASE LIST THE ADDRESSES AT WHICH YOU RESIDED DURING THE 3 YEARS PRECEDING THE DATE ON WHICH THE APPLICATION IS SUBMITTED.

ADDRESS	CITY	STATE	ZIP	LENGTH OF RESIDENCY

PLEASE CONTINUE TO THE NEXT PAGE:



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EMPLOYMENT RECORD

THE USDOT REQUIRES THAT DRIVER APPLICANTS SHOW ALL EMPLOYMENT FOR THE PAST THREE (3) YEARS. COMPANY POLICY REQUIRES ALL APPLICANTS SHOW ALL EMPLOYMENT FOR THE PAST FIVE (5) YEARS. APPLICANTS SHOULD PROVIDE AN ADDITIONAL FIVE (5) YEARS INFORMATION ON THOSE EMPLOYERS WITH WHOM THE APPLICANT OPERATED A COMMERCIAL MOTOR VEHICLE, IF ANY. LIST PAST AND PRESENT EMPLOYERS (BEGIN WITH MOST RECENT)

EMPLOYER		DATE	
NAME		FROM:	TO:
ADDRESS		POSITION HELD:	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LICENSE CLASSIFICATION AT TIME OF EMPLOYMENT? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> PERMIT			
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY FMCSR 49 CFR PARTS 40 OR 382? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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EMPLOYER		DATE	
NAME		FROM:	TO:
ADDRESS		POSITION HELD:	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LICENSE CLASSIFICATION AT TIME OF EMPLOYMENT? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> PERMIT			
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY FMCSR 49 CFR PARTS 40 OR 382? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMPLOYER		DATE	
NAME		FROM:	TO:
ADDRESS		POSITION HELD:	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LICENSE CLASSIFICATION AT TIME OF EMPLOYMENT? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> PERMIT			
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY FMCSR 49 CFR PARTS 40 OR 382? YES <input type="checkbox"/> NO <input type="checkbox"/>			



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PAST DRIVING EXPERIENCE

PLEASE LIST BELOW THE NATURE AND EXPERIENCE IN THE OPERATION OF DRIVING EXPERIENCE.

TYPE OF VEHICLE	EXPERIENCE (YEARS)	NATURE (I.E. HAULING WASTE MATERIAL)

MOTOR VEHICLE ACCIDENTS

PLEASE LIST ALL OF THE MOTOR VEHICLE ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED DURING THE THREE YEARS PRECEDING THE DATE OF THE APPLICATION.

DATE	NATURE	FATALITIES/PERSONAL INJURIES (EXPLAIN)



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MOTOR VEHICLE VIOLATIONS

PLEASE LIST ALL MOTOR VEHICLE LAWS OR ORDINANCES (OTHER THAN VIOLATIONS INVOLVING ONLY PARKING) OF WHICH YOU WERE CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE THREE YEARS PRECEDING THE DATE OF THE APPLICATION.

DATE	NATURE

PLEASE CONTINUE APPLICATION ON THE NEXT PAGE:



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TO BE READ AND SIGNED BY APPLICANT

1. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

2. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

3. This company conducts pre-employment screening. All offers are contingent upon acceptable results of a pre-employment drug screen, background check and compliance with immigration law by completing an I-9 with verification through the E-Verify system.

4. I have read and reviewed the information provided in this application and the above statements. I certify the information contained in the application are true and complete to the best of my knowledge and understand that, if employed, falsified statements may result in termination. **I understand and agree that, if hired, my employment is at-will. This means that if I am hired, either the company or I can end the employment relationship at any time for any or no reason.**

Applicant Signature

Date

Please return your completed application with the following background disclosure (11 total pages) by email to jobs@arrowwaste.com, or by mail to attention of the General Manager Arrowwaste Inc. PO Box 828, Jenison, MI 49429



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DISCLOSURE TO CONSUMER

As part of our employment process, we may obtain, where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as: iiX, a Verisk Analytics Business, 1716 Briarcrest Drive, Suite 200, Bryan, TX 77802.

- Consumer reports may include background, employment history, academic history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.
- An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history.
- If your employment falls under the federal Department of Transportation (“DOT”) and the Federal Motor Carrier Safety Administration (“FMCSA”), including § 49 CFR 391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled “Rights Under the Fair Credit Reporting Act”. Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.



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Applicant/Employee: Please complete the following information and return to the employer.

PRINT APPLICANT/EMPLOYEE NAME		PRINT MAIDEN NAME IF APPLICABLE
DRIVER'S LICENSE NUMBER		STATE OF ISSUE
ADDRESS		CITY, STATE, ZIP
DATE OF BIRTH		SOCIAL SECURITY NUMBER
EMAIL ADDRESS	APPLICANT SIGNATURE	DATE

The three pages of the background disclosure along with your completed employment application (11 total pages) can be returned to jobs@arrowwaste.com or by mail to the attention of the General Manager.

<u>Office Use Only:</u>	<u>Requested By</u>	<u>Date of Request</u>	<u>Report Dated</u>
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