



EMPLOYMENT APPLICATION FOR GENERAL POSITIONS

EMPLOYER INFORMATION

EMPLOYER: Tri-State Disposal
ADDRESS: 13903 S. Ashland Ave.
CITY/STATE/ZIP: Riverdale, IL 60827
PHONE: 708.388.9910

It is the policy of Tri-State Disposal Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

APPLICANT INFORMATION

Date of Application: _____

Applicant Name: _____

Address: _____

City/State/Zip: _____

Number of years at the address: _____

Daytime Phone: _____ Evening Phone: _____

Driver's License (State/Number): _____

Position Applied for: _____

How did you hear about this position? _____

Have you previously applied for a position with our company? Yes No

Are you at least 18 years old? Yes No

How will you get to/from work? _____

If you are offered employment, when would you be available to begin work? _____

Are you legally eligible for employment in the United States? Yes No

Are you able to perform the essential functions of the job position with or without reasonable accommodation? Yes No

What reasonable accommodation, if any, would you require? _____

EMERGENCY CONTACT

Contact Name: _____

Relationship to you: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Evening Phone: _____

EMPLOYMENT HISTORY

List your current or most recent employment first.

Employment Dates	Employer Name & Address	Position	Reason for Leaving
Start Date (MM/YYYY):			
End Date (MM/YYYY):			
Start Date (MM/YYYY):			
End Date (MM/YYYY):			
Start Date (MM/YYYY):			
End Date (MM/YYYY):			

EDUCATION & TRAINING

	Name of School & Address	Did you Graduate?
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>
College School		Yes <input type="checkbox"/> No <input type="checkbox"/>
Trade, Business or Correspondence School		Yes <input type="checkbox"/> No <input type="checkbox"/>

Special Skills:

MILITARY SERVICE

	Branch	Specialized Training
Yes <input type="checkbox"/> No <input type="checkbox"/>		

ADDITIONAL INFORMATION

Provide any additional information that you think would be beneficial for consideration:

REFERENCES

List TWO references who would be willing to provide a reference for you.

Name	
Address	
City/State/Zip	
Phone	
Relationship	

Name	
Address	
City/State/Zip	
Phone	
Relationship	

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Tri-State Disposal Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature

Date