



Application for Employment

Position(s): _____

Name: _____ Date: _____

Last First M.I.

Address: _____

Street City State Zip

Home Phone: _____ Alternate Phone: _____

Are you 18 years or older? _____

Are you legally eligible to work in the United States? _____

Date available for employment: _____ Desired salary: _____

Have you previously worked for City Carton Recycling?

If so, give dates: _____

Have you applied for employment with City Carton Recycling?

If so, give dates: _____

Have you ever been convicted or pled "no contest" for a crime?

If so, provide details: _____

Do you have any family members currently employed by City Carton Recycling or any of its affiliated companies? If so, provide details: _____

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? _____

City Carton Recycling is committed to a safe and healthy work environment for all employees. We are working towards a tobacco free environment. Please indicate whether you are a current tobacco user: **Yes** **No** (circle applicable)

Omission or falsification of information on this application will eliminate you for consideration for employment and/or result in termination.

EDUCATION

School Attended	Location (City/State)	Course of Study	Graduate (Yes/No)

EMPLOYMENT EXPERIENCE

Company Name		Dates of Employment
Company Address		/ / to
Company Phone		/ /
Reason for Leaving		May we contact?
Supervisor		Yes No Later
Duties		Starting Wage
		Ending Wage

Company Name		Dates of Employment
Company Address		/ / to
Company Phone		/ /
Reason for Leaving		May we contact?
Supervisor		Yes No Later
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Company Address		/ / to
Company Phone		/ /
Reason for Leaving		May we contact?
Supervisor		Yes No Later
Duties		Starting Wage
		Ending Wage

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying: _____

Summarize your computer skills including software, operating systems, internet and email knowledge that may assist you in performing the position for which you are applying:

REFERENCES

Name	Title	Relationship to You	Telephone	Years Known

<i>For Office Use Only</i>	
Date Received: _____	Applicant selected: _____
Applicant Interviewed? _____	If not selected, reason: _____

APPLICANT STATEMENT

I certify that all information I have provided is true, complete and correct.

I authorize the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information.

I understand that City Carton Recycling, Inc. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

Employment at City Carton Recycling, Inc. is "at will". If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and City Carton Recycling, Inc. reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the aforementioned language is valid unless they are in writing and signed by the employer's President or Chief Executive Officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

City Carton Recycling, Inc. does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. City Carton Recycling, Inc. likewise does not tolerate harassment based on a protected status.

I understand that any information provided by me that is found to be false, misrepresented, or incomplete will be sufficient cause to eliminate me from further consideration for employment or may result in immediate discharge from existing employment.

I certify that I have read and agree to the terms listed in this application. I also agree that the information I have provided is true and correct to the best of my knowledge.

Signature

Date

Voluntary Affirmative Action Information

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) Applied For: _____

Referral Source

- | | | |
|--|---|--|
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement/Source: _____ | <input type="checkbox"/> Other _____ | |

Name of person who referred you: _____

Applicant Information

Name: _____ Telephone: _____
Last First Middle
Address: _____
Street City State Zip

Please check on of the following Equal Employment Opportunity Identification Groups:

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) | |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic |

For Administrative Use Only

Position(s) applied for: Available Unavailable

Other positions considered for: _____

Hired: Yes No

Position hired for: _____ Date of Hire: _____

From the EEO job classifications listed below, which one best describes the position filled?

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers | <input type="checkbox"/> Service Workers |

Completed By _____ Date _____

City Carton Company, Inc.

Fair Credit Reporting Act and Background Information Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that a consumer report may be obtained on you for employment purposes.

Current or former employment verification and reference checks will be conducted by the Human Resource Department only. Response to such inquiries will confirm dates of employment, wage rates, and position(s) held only as well as verification of criminal conviction.

I acknowledge the receipt of the above disclosures and authorize the above named company to obtain all necessary background checks relevant to the position offered, including, but not limited to: consumer report, MVR, state and national criminal conviction check, employment verification, and reference check on me for employment purposes. This authorization is ongoing in the event such a report is needed in the future. I also understand that these will be conducted upon acceptance of an employment offer.

Applicant Signature

Social Security Number

Printed Name

Birth Date

Date

Driver License Number/State (if required for position)

**FOR TRUCK DRIVER APPLICANTS:
REQUEST FOR
CHECK OF DRIVING RECORD**

Name of Applicant: _____
Last First MI

Address: _____
Number and Street City State Zip Code

Former Address: _____
Number and Street City State Zip Code

Date of Birth: _____ SSN: _____ License # _____

I authorize you to release information to:

City Carton Company, Inc.

for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.
You are released from any and all liability which may result from furnishing such information.

Applicant Signature Date

This section to be completed by City Carton Company, Inc.

To: Iowa Department of Transportation (Driver Services)
PO Box 9204
Des Moines, IA 50306-9204

The above named person has made application with our company for the position of :

TRUCK DRIVER

As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

- 1 The consumer (applicant) has authorized in writing the procurement of this report;
- 2 The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
- 3 The information requested will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
- 4 The information being obtained will not be in violation of any federal or state equal opportunity law or regulation; and
- 5 Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 30002(a)).

Requester Signature Date

Typed Name

Title

City Carton Company, Inc.
Name of Company

Address

City State Zip

FOR MAINTENANCE POSITION APPLICANTS: PLEASE RATE YOUR SKILLS

Name _____

Skill level 1-10

10 = excellent + training ability

1 = very little knowledge

TRUCK REPAIR	Skill Level	Training Interest Y / N
CDL		
DRIVE LINE SYSTEM		
REPLACE CLUTCH		
BRAKES - HYDRAULIC		
ELECTRICAL SYSTEM		
INSPECTION / PM SERVICE		
EXHAUST		
SUSPENSION		
STEERING		
AIR SYSTEM		
5TH WHEEL REPAIR		
TRAILER REPAIR		
BRAKES - ADJUST		
BRAKES - REPLACE		
ELECTRICAL		
INSPECTION - PM SERVICE		
LEG & GEAR REPAIR		
STRUCTURAL REPAIR		
SPOT TRAILER		
INTERIOR REPAIR		
EXTERIOR REPAIR		
MATERIAL HANDLING EQIP REPAIR		
HYDRAULIC		
ELECTRICAL		
TRANSMISSION REPAIR		
FUEL SYSTEM		
INSPECTION / PM SERVICE		
RECYCLING EQUIPMENT REPAIR		
TORCH CUT		
PLASMA CUT		
WELD		
FORKLIFT OPERATION		
HYDRAULICS		
SCHEMATICS		
ELECTRICAL		
INSTALLATION		
PRINT READING		
WIRE TIE SYSTEMS		