# WISE ENVIRONMENTAL SOLUTIONS, INC. P.O. BOX 1061 TRUSSVILLE, ALABAMA 35173



## WISE ENVIRONMENTAL SOLUTIONS, INC. 2345 ALABAMA HIGHWAY 21 SOUTH OXFORD, ALABAMA 36203

# **Employment Application**

PLEASE PRINT ALL INFORMATION REQUESTED

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### **EXCEPT SIGNATURE** APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS DATE \_\_\_\_\_ PLEASE COMPLETE PAGES 1-4. Name \_\_\_\_\_ Maiden Present address Street Social Security No. \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ How long Telephone ( ) If under 18, please list age \_\_\_\_\_ Days/hours available to work No Pref \_\_\_\_ Thur \_\_ Position applied for (1) Mon Fri Sat Sun Sun and salary desired (2) (Be specific) How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_ \_\_ FULL-TIME ONLY \_\_ PART-TIME ONLY \_\_ FULL- OR PART-TIME Employment desired When available for work?\_\_\_ NUMBER OF YEARS MAJOR & LOCATION NAME OF SCHOOL TYPE OF SCHOOL DEGREE COMPLETED (Complete mailing address) High School College Bus. or Trade School Professional School HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_No if yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

# PLEASE PRINT ALL INFORMATION REQUESTED

APPLICATION FO			
	R EMPLOYMENT		
MILIT	ARY		
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	Yes No Yes		
Specialty Date En	tered	Discharge Date	9
Work Please list your work experience for the past five years beginning with your most recent job held.  Experience If you were self-employed, give firm name. Attach additional sheets if necessary.			
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
		То	Final
	Your last job title		
Reason for leaving (be specific)			
Name of amplaces			
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
Address City, State, Zip Code	Name of last supervisor	Employment dates	Pay or salary
Address			
Address City, State, Zip Code		From	Start
Address City, State, Zip Code	supervisor	From	Start

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	APPLICATION FOR EMPLO	AMCIAI		
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DO YOU HAVE A DRIVER'S LICENSE?	Yes No			
What is your means of transportation to wor	k?			
Driver's license numberExpiration date		Operator Commercial (CDL) Chauffeur		
100		How many?		
Have you had any accidents during the past Have you had any moving violations during		How many? How Many?		
	OFFICE ONLY	J		
Yes Typing No WPM Personal Yes PC	Yes 10-keyNo	WordYes ProcessingNoWPM		
ComputerNoMac				
Please list two references other than relative	es or previous employers.			
Name	Name			
Position	Position			
Company	Company	<i></i>		
Address	Address			
Telephone ()	Telephon	ne ()		
An application form sometimes makes it diffi space below to summarize any additional in which you are applying.	icult for an individual to adequation formation necessary to describ	ately summarize a complete background. Use the be your full qualifications for the specific position for		
7 11 3 6				
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# PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

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#### APPLICATION FOR EMPLOYMENT

Work experience	Please list your work expe If you were self-employed	erience for the <b>past</b> f l, give firm name. <b>At</b>	five years beginning ttach additional she	with your most recent ets if necessary.	job held.
Name of employer Address			Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		131	From	Start	
	rione number		1 = 1	То	Final
		Your last job title			
Reason for leav	ring (be specific)				
company.	ı held, duties performed, sk		•		
Name of employ	yer		Name of last	Employment dates	Pay or salary
Address City, State, Zip	Code		supervisor	From	Start
Phone number				To	Final
			Your last job title	10	Tiridi
Reason for leav	ring (be specific)				
List the jobs you company.	u held, duties performed, sk	ills used or learned,	advancements or pro	omotions while you wo	rked at this
May we contact	your present employer?	Yes No			
Did you complet	te this application yourself	YesNo			
If not, who did?					

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PLEASE READ CAREFULLY			
APPLICATION FORM WAIVER			
In exchange for the consideration of my job application by (hereinafter called "the Company"), I agree that:			
Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.			
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.			
I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.			
I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.			
I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.			
Signature of applicant Date:			

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.