





**EMPLOYMENT:** (List last employer first)

Employer:

Address:

Position:

Telephone: (     )     -     

Dates of Employment: From     To

Salary:

Supervisor:

Telephone: (     )     -     

May we contact this supervisor? Yes No

Duties:

Reason for Leaving:

Employer:

Address:

Position:

Telephone: (     )     -     

Dates of Employment: From     To

Salary:

Supervisor:

Telephone: (     )     -     

May we contact this supervisor? Yes No

Duties:

Reason for Leaving:

Employer:

Address:

Position:

Telephone: (     )     -     

Dates of Employment: From     To

Salary:

Supervisor:

Telephone: (     )     -     

May we contact this supervisor? Yes No

Duties:

Reason for Leaving:

Please list two (2) professional references. Additional references can be supplied on a separate piece of paper.

Name:

Name:

Position:

Position:

Company:

Company:

Address:

Address:

Telephone: (     )     -

Telephone: (     )     -

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**Work Experience**

Please attach your resume to provide information on your work experience.

May we contact your present employer?  Yes  NoDid you complete this application yourself  Yes  No

If not, who did?

**PLEASE READ CAREFULLY****APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by **Burgmeier's Hauling, Inc.** (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 the Company 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 CEO of the Company. Both the undersigned and the Company 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, the applicant, 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 pre-employment 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 relation with the Company is terminable at will for any reason by either party.**

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for completing this application form and for your interest in our business.

**For Internal Use Only:**

Contacted  Interviewed  Offer Extended  Hired

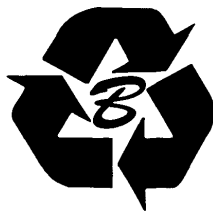
**Initial Review:**

Application Received Date:

Application Reviewed Date:

**Reasons for Disqualifications:**

Ineligible for Rehire  Does not meet minimum qualifications  Falsification of information on application  
 Position filled/closed  Unable to contact  Declined offer  
 Background Check  No show  Pay requirement  
 No US Work Authorization  Poor work history/references  Ineligible for Rehire



Equal Employment Opportunity Self-Identification Form

Burgmeier's Hauling, Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Burgmeier's Hauling, Inc. invites employees to voluntarily self-identify their status as handicapped, disabled veteran, veteran of the Vietnam era, or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. We are a company that values diversity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

**I. General Information**

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**II. Please complete each section**

*Race or Ethnic Identity (Please select only from one category):*

- Hispanic or Latino
- Asian
- Black or African American
- White
- Native Hawaiian or Pacific Islander
- American Indian or Alaskan
- Two or more races

*Veteran Status (Select all that apply):*

- Vietnam Era Veteran
- Special Disabled Veteran
- Newly Separated Veteran
- Other Protected Veteran

Date of Discharge: \_\_\_\_\_

*Other:*

- Individual with Disabilities

*Gender:*

- Male  Female

*If you prefer to not identify for any categories, please check below.*

- I do not wish to self-identify

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## **Definitions:**

***Hispanic or Latino*** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

***White (Not Hispanic or Latino)*** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

***Black or African American (Not Hispanic or Latino)*** - A person having origins in any of the black racial groups of Africa.

***Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)*** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

***Asian (Not Hispanic or Latino)*** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

***American Indian or Alaska Native (Not Hispanic or Latino)*** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

***Two or More Races (Not Hispanic or Latino)*** - All persons who identify with more than one of the above five races.

### ***Individual with Disabilities***

Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). A qualified employee or applicant with a disability is an individual who, with or without reasonable accommodations, can perform the essential functions of the job in question.

### ***Special Disabled Veteran***

Defined as a veteran who served on active duty in the U.S. military ground, naval, or air service and (1) who was discharged or released from active duty because of a service-connected disability, or (2) who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) for certain disabilities under laws administered by the Department of Veterans Affairs (i.e., disabilities rated at 30 percent or more, or at 10 or 20 percent if the veteran has been determined to have a serious employment handicap).

### ***Veteran of the Vietnam Era***

Defined as a veteran of the U.S. military, ground, naval, or air service, any part of whose service was during the period August 5, 1964 through May 7, 1975, who (1) served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability.

“Vietnam era veteran” also includes any veteran of the U.S. military, ground, naval, or air service who served in the Republic of Vietnam between February 28, 1961 and May 7, 1975. NOTE: JVA eliminated Vietnam era veterans as a protected category under VEVRRA. However, most Vietnam era veterans will continue to be protected under other categories.

### ***Newly Separated Veteran***

A “newly separated veteran,” with respect to federal contracts and subcontracts entered into before December 1, 2003, means any veteran who served on active duty in the U.S. military ground, naval, or air service during the one-year period beginning on the date of such veteran’s discharge or release from active duty. With respect to federal contracts and subcontracts entered into on or after December 1, 2003, “newly separated veterans” means any veteran who served on active duty during the three-year period beginning on the date of such veteran’s discharge or release from active duty.

### ***Other Protected Veteran***

Defined as any other veteran who served on active duty in the U.S. military ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than a special disabled veteran, veteran of the Vietnam era, or recently separated veteran.