

# WWDS EMPLOYMENT APPLICATION

## 1. Please complete the entire application.

It is the policy of **Worldwide Disposal Services, LLC** 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.

## 2. Applicant Information

Applicant Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Number of years at this address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

## 3. Emergency Contact (Who should be contacted if you are involved in an emergency)

Name \_\_\_\_\_

Relationship to you:

\_\_\_\_\_

\_\_\_\_\_

Address and Daytime phone:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**4. Job Position Applied for:** \_\_\_\_\_

**5. Who referred you to our company?** \_\_\_\_\_

Do you have any friends or relatives who work here? If yes, please list here:

\_\_\_\_\_  
\_\_\_\_\_

Have you applied to our company previously? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when?

\_\_\_\_\_

**6. Are you willing to work any shift, including nights and weekends?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please state any limitations: \_\_\_\_\_

\_\_\_\_\_

**7. If applicable, are you available to work overtime?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**8. If you are offered employment, when would you be available to begin work?**

\_\_\_\_\_

**9. If hired, are you able to submit proof that you are legally eligible for employment in the United States?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**10. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation?** \_\_\_\_\_ Yes \_\_\_\_\_ No

What reasonable accommodation, if any, would you request?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 11. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking.

Clean Motor Vehicle Record Y / N

Must be age 21 years or older Y / N

Must be able to pass a Drug Test and DOT Medical / Physical Exam (reimbursed after 6 months of satisfactory service with WWDS)

Direct Deposit on Fridays after one - week in the hold

Years of Experience \_\_\_\_\_

Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. **(One represents poor ability, while five represents exceptional ability.)**

Taking / Following Instructions 1 2 3 4 5

Customer service 1 2 3 4 5

#### CDL

Class A \_\_\_\_\_

Class B \_\_\_\_\_

**12. Applicant Employment History**

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

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

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

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

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

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

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

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

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

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**13. Applicant's Education and Training**

College/University Name and Address \_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, degree(s) received:

High School/GED Name and Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Training (graduate, technical, vocational):

\_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Awards, Honors, Special Achievements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Military Service: \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

**14. References:**

List any two non-relatives who would be willing to provide a reference for you.

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

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**15. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:**

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### **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 **Worldwide Disposal Services, LLC** 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.**

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**APPLICANT SIGNATURE**

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**DATE**