



# YOUNG'S ENVIRONMENTAL

## APPLICATION FOR EMPLOYMENT

**CORPORATE HEADQUARTERS** G5305 N. DORT HIGHWAY, FLINT, MI 48505  
**WEST MICHIGAN OPERATIONS** 3376 THREE MILE ROAD N.W., GRAND RAPIDS, MI 49534  
**CAREERS@YECI.US OR 1.800.496.8647**

To the Applicant: We appreciate your interest in Young's (the Firm) and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight, or any other protected status.

### PERSONAL

DATE OF APPLICATION: \_\_\_\_\_ LOCATION DESIRED: FLINT GRAND RAPIDS

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APARTMENT / UNIT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

ARE YOU AUTHORIZED TO WORK IN THE U.S? \_\_\_\_\_ CHECK IF YOU'RE 18 YEARS OR OLDER?

ARE YOU A UNITED STATES CITIZEN? (NOT APPLICABLE IN CALIFORNIA) YES NO

HAVE YOU FILLED AN APPLICATION HERE BEFORE? YES NO IF YES, DATE(S): \_\_\_\_\_

HAVE YOU BEEN PREVIOUSLY EMPLOYED HERE? YES NO IF YES, DATE(S): \_\_\_\_\_

SUPERVISOR NAME(S): \_\_\_\_\_

LIST ANY FRIENDS OR RELATIVES WORKING HERE: \_\_\_\_\_

WERE YOU REFERRED? YES NO IF YES, BY A CURRENT EMPLOYEE? \_\_\_\_\_

ONLINE, IF SO WHERE? \_\_\_\_\_ OTHER: \_\_\_\_\_

WHAT METHOD OF TRANSPORTATION WILL YOU USE TO COME TO WORK? \_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION(S) APPLIED FOR: \_\_\_\_\_

KIND OF WORK SOUGHT: FULL-TIME PART-TIME OTHER : \_\_\_\_\_

DO YOU HAVE ANY SPECIAL TRAINING, SKILLS, QUALIFICATIONS, OR OTHER EXPERIENCES THAT RELATE TO THE POSITION(S) APPLIED FOR?: \_\_\_\_\_

DO YOU HAVE- HAZWOPER 40-HOUR? 8-HOUR REFRESHER? OSHA 10HR?

SALARY DESIRED? ANNUAL \_\_\_\_\_ PER HOUR \_\_\_\_\_ DATE AVAILABLE TO WORK? \_\_\_\_\_

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer.  
Under Michigan law, disabled employees and applicants may request an accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date of the disabled individual knows or should know that an accommodation is needed. Failure to properly notify the Firm may preclude any claim that the employer failed to accommodate the disabled individual.

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## EMPLOYMENT EXPERIENCE

Please list current or most recent job first.

EMPLOYER NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE AND/OR EMAIL: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE ENDED: \_\_\_\_\_ SUPERVISOR(S): \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_ WAGE- STARTING: \_\_\_\_\_ FINAL: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE AND/OR EMAIL: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE ENDED: \_\_\_\_\_ SUPERVISOR(S): \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_ WAGE- STARTING: \_\_\_\_\_ FINAL: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE AND/OR EMAIL: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE ENDED: \_\_\_\_\_ SUPERVISOR(S): \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_ WAGE- STARTING: \_\_\_\_\_ FINAL: \_\_\_\_\_

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## MILITARY SERVICE RECORD

HAVE YOU HAD ANY EXPERIENCE IN THE ARMED FORCES OF THE UNITED STATES OR IN A STATE

NATIONAL GUARD? YES NO IF YES, WHICH BRANCH? \_\_\_\_\_

DATE OF DISCHARGE? \_\_\_\_\_ RANK AT DISCHARGE? \_\_\_\_\_

ARE YOU IN THE RESERVES? YES NO IF YES, DATE OBLIGATION ENDS? \_\_\_\_\_

SPECIAL/TECHNICAL TRAINING: \_\_\_\_\_

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## EDUCATION

HIGH SCHOOL: \_\_\_\_\_ LOCATION (CITY & STATE): \_\_\_\_\_

YEARS COMPLETED: \_\_\_\_\_ DIPLOMA/DEGREE: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ LOCATION (CITY & STATE): \_\_\_\_\_

YEARS COMPLETED: \_\_\_\_\_ DIPLOMA/DEGREE: \_\_\_\_\_

VOCATIONAL/TRADE SCHOOL: \_\_\_\_\_

ANY OTHER EDUCATIONAL TRAINING: \_\_\_\_\_

**ONLY FILL OUT THIS PAGE (3) & PAGE 4 IF YOU HAVE A COMMERCIAL OR CHAUFFEUR DRIVERS LICENSE - IF YOU DO NOT HAVE EITHER PLEASE CONTINUE TO PAGE 5**

**DRIVING EXPERIENCE**

(ATTACH SHEET IF MORE SPACE IS NEEDED)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NUMBER OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR - DOUBLES			
OTHER			

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATE (MM/YYYY)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER OF FATALITIES	NUMBER INJURIES	CHEMICAL SPILL
				YES NO
				YES NO
				YES NO

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS  
(OTHER THAN PARKING VIOALATIONS)**

DATE CONVICTED (MM/YYYY)	VIOLATION	STATE OF VIOLATION	PENALTY (FORFIETED BOND, COLLATERAL AND/OR POINTS)

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVELGE TO OPERATE A MOTOR VEHICLE?

YES NO IF YES, EXPLAIN?\_\_\_\_\_

HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?

YES NO IF YES, EXPLAIN?\_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED, INCLUDE DATES (MM/YYYY) AND REASON:\_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSRs) WHILE EMPLOYED BY THE PREVIOUS EMPLOYER? YES NO

WAS YOUR PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS

AS REQUIRED BY 49 CFR PART 40? YES NO

**TO BE READ AND SIGNED BY APPLICANT**

I authorize the Firm to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing my information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Firm.

"I understand that information I provide regarding my current and/or previous employers may be used, and those employer(s) will be contacted, for the purposes of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Note: A motor carrier may require an applicant to provide information in addition to the information asked on these pages (3 & 4), which is required by the Federal Motor Carrier Safety Regulations.

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**PLEASE CONTINUE TO PAGE 5 TO COMPLETE YOUR YOUNG'S APPLICATION**

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**REFERENCES**

List 3 persons familiar with your character, ability, skill, and knowledge for more than 1 year. Do not include relatives;

NAME: \_\_\_\_\_ YEARS AQUAINTED: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE AND/OR EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ YEARS AQUAINTED: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE AND/OR EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ YEARS AQUAINTED: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE AND/OR EMAIL: \_\_\_\_\_

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**ADDITIONAL INFORMATION**

HAVE YOU BEEN CONVICTED OF A CRIME? YES NO

IF YES, WHERE, WHEN, AND NATURE OF OFFENSE? \_\_\_\_\_

DO YOU HAVE A VALID DRIVERS LICENSE? YES NO

LICENSE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_

LICENSE TYPE (CHOOSE ONE): OPERATOR CHAUFFER CDL

IF CDL, PLEASE SPECIFY CLASS AND ENDORSEMENTS: \_\_\_\_\_

STATE ANY ADDITIONAL INFORMATION THAT YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION: \_\_\_\_\_

PLEASE SPECIFY THE PERSON THAT SHOULD BE NOTIFIED IN THE EVENT OF AN ACCIDENT OR EMERGENCY; NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

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**AUTHORIZATION AND UNDERSTANDING:**

Upon signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize the Firm to verify any of the information concerning my employment, education, criminal history, medical history (post-offer only), or credit history with the appropriate individuals, companies, institutions, or agencies, I authorize them to release such information as the Firm requires, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize the Firm to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release the Firm and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relations, with or without cause, at any time. I agree that I shall be bound by other rules, policies, regulations, and terms and conditions of employment of the Firm as they are from time to time changed, and no additional obligations can be imposed on the Firm except those which have been acknowledged in writing and signed by the President. I further understand that no manager, representative, agent or employee of the Firm other than its President, have now or has had in the past any authority to enter into any agreement for employment for any specific period of time or to make any agreement which is contrary to or a modification of the at will employment relationship.

I agree that any action or suit against the Firm arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the even giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. Should the 180 day limitations period be found to be unreasonable and unenforceable, the period of limitations shall be one year. I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_