



**YOUNG'S**  
ENVIRONMENTAL  
CLEANUP INC.

G5305 N Dort Hwy.  
Flint, MI 48505  
800.496.8647 careers@yecinc.us

# APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in our 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 \_\_\_\_\_

Name \_\_\_\_\_  
(Last, First Middle)

Telephone # \_\_\_\_\_  
(with area code)

Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_ Are you 18 years or older? Yes  No

Are you a U.S. citizen? Yes  No  Are you authorized to work in the United States? Yes  No   
not applicable in California

Have you been previously employed here? Yes  No  If yes, date(s) \_\_\_\_\_

Supervisor Name(s) \_\_\_\_\_

Have you filed an application here before? Yes  No  If yes, date(s) \_\_\_\_\_

List any friends or relatives working here \_\_\_\_\_

What method of transportation will you use to come to work? \_\_\_\_\_

## EMPLOYMENT DESIRED

Position(s) applied for \_\_\_\_\_

Kind of work sought: Full  Part time  Other

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

40 Hour HAZWOPER Yes  No

8 Hour Refresher Yes  No

Salary Desired \_\_\_\_\_ 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 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.

# EMPLOYMENT EXPERIENCE (List current or most recent job first)

1	Employer _____	Date	Work Performed
	Street Address _____	From      To	
	City _____ State _____ Zip _____		
	Telephone # (with area code) _____	Hourly Rate/Salary	
	Job Title _____	Starting      Final	
	Supervisor _____		
	Reason for Leaving _____		
2	Employer _____	Date	Work Performed
	Street Address _____	From      To	
	City _____ State _____ Zip _____		
	Telephone # (with area code) _____	Hourly Rate/Salary	
	Job Title _____	Starting      Final	
	Supervisor _____		
	Reason for Leaving _____		
3	Employer _____	Date	Work Performed
	Street Address _____	From      To	
	City _____ State _____ Zip _____		
	Telephone # (with area code) _____	Hourly Rate/Salary	
	Job Title _____	Starting      Final	
	Supervisor _____		
	Reason for Leaving _____		

EDUCATION	Name/ Location	Years Completed	Diploma/Degree	Courses of Study
Elementary	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Graduate	_____	_____	_____	_____
Vocational/ Training	_____	_____	_____	_____
Any other educational training	_____	_____	_____	_____

# CDL AND CHAUFFEUR APPLICANTS ONLY

## DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM	TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

## TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain \_\_\_\_\_

B. 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 (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No

Was the 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 you 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 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 Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose 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."

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

## REFERENCES (Do not include relatives or former employers)

Name	Address	Phone Number	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## 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, what branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_ Date of discharge \_\_\_\_\_

Are you in the reserves? Yes  No  If yes, date obligation ends \_\_\_\_\_

Special/technical training \_\_\_\_\_

## ADDITIONAL INFORMATION

Have you been convicted of a crime? Yes  No

If so, where, when and nature of offense \_\_\_\_\_

Do you have a valid driver's license? Yes  No  License No. \_\_\_\_\_ State \_\_\_\_\_

License Type (Choose One) Operator  Chauffer  CDL  If CDL: Class \_\_\_\_\_

Endorsements \_\_\_\_\_

State any additional information that you feel may be helpful to us in considering your application.

Name, address and telephone number of the person to be notified in the event of an accident or emergency:

## 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 you 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, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you 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 you 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 relationship, with or without cause, at any time. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the company as they are from time to time changed, and no additional obligations can be imposed on the company except those which have been acknowledged in writing and signed by the president. I hereby authorize the company to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me, or owed by me to, the company during the course of my employment.

I agree that any action or suit against the company 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 \_\_\_\_\_