

# LJP APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_  
(Please print)

Date of Application \_\_\_\_\_

Company: **LJP Waste Solutions**

Address: **2160 Ringhofer Drive**

City: **North Mankato**

State: **MN** Zip: **56003**

Telephone: **507-385-3429**

Fax: **507-388-6946**

Website: **www.ljpent.com**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of 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 LJP Waste Solutions.

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 49CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## APPLICANT TO COMPLETE

(Answer all questions – please print)

Positions(s) Applied for \_\_\_\_\_ Rate of Pay Expected \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
                     Last                                      First                                      Middle

Phone Number \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
                     Street                                      City                                      State                                      Zip Code  
                     How Long (years/months): \_\_\_\_\_ E Mail Address \_\_\_\_\_

Previous Addresses \_\_\_\_\_  
                     Street                                      City                                      State & Zip Code                                      How Long \_\_\_\_\_ yr/mo.  
                     Street                                      City                                      State & Zip Code                                      How Long \_\_\_\_\_ yr/mo.

Do you have the legal right to work in the United States: \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Drivers License Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 (Required for Commercial Drivers)

Have you worked for this company before: \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Where did you learn about this position opening?  WorkForce Center  Mankato Free Press  Home Magazine  
 St Peter Herald  LJP Website  Other Website  LJP Enterprises Employee(if so who?) \_\_\_\_\_  
 Other Source \_\_\_\_\_

Is there a reason you might be unable to perform the functions of the job for which you have applied (as described in the published job description)?

\_\_\_\_\_  
 If yes, explain if you wish

### EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER NAME	DATES: FROM	TO
ADDRESS	POSITION HELD	
CITY	STATE	ZIP
CONTACT PERSON	PHONE NUMBER	
REASON FOR LEAVING	May we contact? <input type="radio"/> Yes <input type="radio"/> No	
WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED? <input type="radio"/> YES <input type="radio"/> NO		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="radio"/> YES <input type="radio"/> NO		

**EMPLOYMENT HISTORY (continued)**

EMPLOYER NAME			DATES: FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
REASON FOR LEAVING			May we contact? <input type="radio"/> Yes <input type="radio"/> No	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="radio"/> YES <input type="radio"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="radio"/> YES <input type="radio"/> NO				

EMPLOYER NAME			DATES: FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
REASON FOR LEAVING			May we contact? <input type="radio"/> Yes <input type="radio"/> No	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="radio"/> YES <input type="radio"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="radio"/> YES <input type="radio"/> NO				

EMPLOYER NAME			DATES: FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
REASON FOR LEAVING			May we contact? <input type="radio"/> Yes <input type="radio"/> No	
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ADDRESS			POSITION HELD	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="radio"/> YES <input type="radio"/> NO				

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

<sup>†</sup> The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

(HEAD ON, REAR END, UPSET, ETC)				
DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES	HAZARDOUS SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS-DRIVER (List all driver licenses or permits held in the past 3 years)**

STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXPIRATION DATE

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

B. Has any license, permit or privilege ever been suspended or revoked?  YES  NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_  
 \_\_\_\_\_

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM M/Y TO M/Y	APPROX MILES
Straight Truck <input type="radio"/> Yes <input type="radio"/> No	(VAN, TANK, FLAT, DUMP, REFER)		
Tractor and Trailer <input type="radio"/> Yes <input type="radio"/> No	(VAN, TANK, FLAT, DUMP, REFER)		
Tractor – Two Trailers <input type="radio"/> Yes <input type="radio"/> No	(VAN, TANK, FLAT, DUMP, REFER)		
Tractor – 3 Trailers <input type="radio"/> Yes <input type="radio"/> No	(VAN, TANK, FLAT, DUMP, REFER)		
Other _____			

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

LIST COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) \_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4  
 LAST SCHOOL ATTENDED (NAME) \_\_\_\_\_ CITY, STATE \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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: \_\_\_\_\_