



IESI CORPORATION

and/or its SUBSIDIARIES

APPLICATION FOR EMPLOYMENT

IESI Chambersburg Hauling
 3747 White Church Road
 Chambersburg, PA 17201
 Telephone (717) 709-1700
 Fax (717) 264-2285

AN EQUAL OPPORTUNITY EMPLOYER

1. NAME (FIRST) (MIDDLE) (LAST)	2. DATE OF APPLICATION	APPLICANT INSTRUCTIONS PLEASE READ BEFORE COMPLETING THIS FORM. If you need help filing out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. <ul style="list-style-type: none"> • Please read "Applicant Note" below. • PRINT CLEARLY and complete all pages of the application. Incomplete or illegible applications will not be processed. If an item does not apply, write Not-Applicable (N/A) in the space provided. • If more space is required to complete any question, use the comments section on the top of page 4 or attach additional sheets. • Applications must be signed and dated by the applicant on the last page of this form. 	
3. SOCIAL SECURITY NUMBER			
4. ADDRESS (Number and Street)			
(City, State, Zip Code)			
5. EMAIL ADDRESS			
6. PHONE NUMBERS (WHICH NUMBER IS BEST TO USE)			
(Home)	(Work)		(Cell)
7. SALARY DESIRED			
8. POSITION AND LOCATION FOR WHICH TO BE CONSIDERED			
9. DESIRED HOURS OF WORK <input type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift <input type="checkbox"/> Weekends			
APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, race, color, national origin, religion, age and disability or other categories protected by local, state or federal law. Additional testing of job-related skills and for presence of illegal drugs and controlled substances in your body may be required prior to employment. After an offer of employment and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.			
10. If you have worked for IESI in the past, complete items 10 a through c below:			
(a) Dates of Employment (month, year) From: To:	(b) Position	(c) Location	
11. If any members of your family presently work for IESI, complete items 11 a through c below			
(a) Name and relationship	(b) Title of Position held	(c) IESI Location	
12. List states and counties of residence for the past seven years: _____			
Have you used Social Security numbers other than given above? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list _____			
Have you ever used another name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state the name, dates used, and reason for use _____			
Do you have the legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>All new employees will be required to complete a Form I-9 and provide documents establishing their identity and eligibility to work in the United States.</i>			

Have you been convicted of a crime? Yes No If yes, please describe in the boxes below.

Are you currently under indictment for or have you ever pled guilty or no contest or been convicted of a misdemeanor or felony by a civilian or military court, or participated in deferred adjudication? Yes No If yes, please describe in the boxes below.

(Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at the time of the offense, remoteness of the offense, etc. will be reviewed.)

Incident and Date (s)	City/State	Charge	Penalty

13. EDUCATION

	Name and Address of School	Graduated		Major Course of Study	Type of Degree or Diploma	Dates of Attendance
		Yes	No			
High School or GED						
College						
Trade, business or vocational school						

14. List any languages which you read and/or speak proficiently.

15. List other special qualifications and skills that may benefit you in this position (licenses, patents or inventions, publications, etc.).

16. PREVIOUS EXPERIENCE Start with most current position and work back, if applicable, **at least 10 years of employment needs to be listed.** Account for periods of unemployment.

Please Note: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct TELEPHONE and FAX numbers of past employers are critical. Please call prior employers to get their fax numbers and address if you do not know them. Ask for a phone book or call information if necessary.

(1) DATES OF EMPLOYMENT (MONTH/YEAR)		TITLE OF POSITION	KIND OF BUSINESS OR ORGANIZATION: (ACCOUNTING, MANUFACTURING, INSURANCE, ETC)
FROM:	TO:	NAME AND ADDRESS OF EMPLOYER	
SALARY OR EARNINGS	AVG. HOURS PER WEEK	NAME	
STARTING \$ PER YR / HR.		ADDRESS	
ENDING \$ PER YR / HR.			

NAME AND TITLE OF IMMEDIATE SUPERVISOR

PHONE NO. ()	REASON FOR LEAVING	IF CURRENTLY WORKING MAY WE CONTACT YOUR EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>
FAX NO. ()		

DESCRIPTION OF WORK

Were you subject to the FMCSR while employed?* Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?*** Yes No If yes, you must complete a separate "3 Year Drug and Alcohol History Release Form".

(2) DATES OF EMPLOYMENT (MONTH/YEAR)		TITLE OF POSITION		KIND OF BUSINESS OR ORGANIZATION: (ACCOUNTING, MANUFACTURING, INSURANCE, ETC)
FROM:		TO:		
SALARY OR EARNINGS		AVG. HOURS PER WEEK		
STARTING \$	PER YR / HR.	NAME		
ENDING \$	PER YR / HR.	ADDRESS		
NAME AND TITLE OF IMMEDIATE SUPERVISOR				
PHONE NO. ()		REASON FOR LEAVING		
FAX NO. ()				
DESCRIPTION OF WORK				
Were you subject to the FMCSR while in this position?* Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?*** Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, you must complete a separate "3 Year Drug and Alcohol History Release Form".				
(3) DATES OF EMPLOYMENT (MONTH/YEAR)		TITLE OF POSITION		KIND OF BUSINESS OR ORGANIZATION: (ACCOUNTING, MANUFACTURING, INSURANCE, ETC)
FROM:		TO:		
SALARY OR EARNINGS		AVG. HOURS PER WEEK		
STARTING \$	PER YR / HR	NAME		
ENDING \$	PER YR / HR	ADDRESS		
NAME AND TITLE OF IMMEDIATE SUPERVISOR				
PHONE NO. ()		REASON FOR LEAVING		
FAX NO. ()				
DESCRIPTION OF WORK				
Were you subject to the FMCSR while in this position?* Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?*** Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, you must complete a separate "3 Year Drug and Alcohol History Release Form".				
(4) DATES OF EMPLOYMENT (MONTH/YEAR)		TITLE OF POSITION		KIND OF BUSINESS OR ORGANIZATION: (ACCOUNTING, MANUFACTURING, INSURANCE, ETC)
FROM:		TO:		
SALARY OR EARNINGS		AVG. HOURS PER WEEK		
STARTING \$	PER YR / HR.	NAME		
ENDING \$	PER YR / HR.	ADDRESS		
NAME AND TITLE OF IMMEDIATE SUPERVISOR				
PHONE NO. ()		REASON FOR LEAVING		
FAX NO. ()				
DESCRIPTION OF WORK				
Were you subject to the FMCSR while in this position?* Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?*** Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, you must complete a separate "3 Year Drug and Alcohol History Release Form".				

(5) DATES OF EMPLOYMENT (MONTH/YEAR)		TITLE OF POSITION		KIND OF BUSINESS OR ORGANIZATION: (ACCOUNTING, MANUFACTURING, INSURANCE, ETC)
FROM:		TO:		
SALARY OR EARNINGS STARTING \$ PER YR / HR.		AVG. HOURS PER WEEK		
ENDING \$ PER YR / HR.		ADDRESS		

NAME AND TITLE OF IMMEDIATE SUPERVISOR

PHONE NO. ()	REASON FOR LEAVING
FAX NO. ()	

DESCRIPTION OF WORK

Were you subject to the FMCSR while in this position?* Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ** Yes No If yes, you must complete a separate "3 Year Drug and Alcohol History Release Form".

17. REFERENCES Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

ADDITIONAL COMMENTS:

CERTIFICATION & RELEASE

I certify that all the information provided by me in connection with my application for employment, whether contained on this document or not, is true and complete and I understand that any misstatements, falsification or omission of material facts is grounds for refusal to hire, or if hired, termination of employment. I understand that it is a condition of employment to

- (1) provide proof of my identity and legal authorization to work in the United States;
- (2) be subject to a background investigation;
- (3) submit to drug testing upon request;
- (4) submit to a medical examination, upon request, if it relates to the job for which I am applying.

I further understand that, if hired, my employment is at-will and no IESI employee has the authority, with the exception of the president of IESI, to create a contract of employment. I authorize any of the persons or organizations referenced in this application to give IESI or its designated consumer reporting agent any and all information concerning my previous employment, education or other relevant information, personal or otherwise, and I release all such parties from liability for damages which may result from furnishing such information to IESI or its designee.

Signature

Date

This application will be rejected without the above signature.

FMSCA APPLICANTS ONLY

Drivers License	State	License Number	Type	Expiration Date
Class of Equipment	Type of Equipment (Garbage, Van, Tank, Flat, Etc.)	Dates To:	From:	Approx. Number of Miles Total
Straight Truck				
Tractor or Semi				
Tractor - Doubles				

Please list your past 3 accidents and state whether in a personal or commercial vehicle.

Dates	Nature of Accident (Head on, rear end, roll over etc.)	Fatalities	Injuries
Last accident			
Next previous			
Next previous			

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? **Yes** **No** If yes, please explain

Has any license, permit, or privilege ever been suspended or revoked? **Yes** **No** If yes, please explain

Please list traffic convictions and forfeitures for the past 3 years

Location	Date	Charge	Penalty

(Attach a separate sheet if more space is needed)

(1) I understand if I am engaged in a safety sensitive function I must submit to a pre-employment drug screen.

(2) I understand I must answer the following question:

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes _____ **No** _____

(3) I understand IESI will seek information from my previous employer(s) regarding my safety performance and substance abuse testing historical data for the previous three years. I understand regarding this information I have:

- The right to review information provided by my previous employer.
- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

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. I understand IESI will use the information I provide in this application to contact my previous employers for the purpose of investigating my safety performance history.

Signature of Applicant

Date

CRITERIA FOR DETERMINING SATISFACTORY DRIVER'S RECORD

IESI positions, which require full or part-time operation of motorized vehicle applicants, will not be hired and if employed may be terminated if their driving record indicates any of the following:

1. More than two (2) chargeable accidents during the prior two (2) years.
2. Convicted of drunk driving or driving under the influence of drugs during the previous three (3) years.
3. Convicted of reckless driving during the past three (3) years.
4. Convicted of manslaughter in connection with the use of a motor vehicle during the past three (3) years.

When a driving record reflects a continuing trend of poor or careless driving habits, he/she may be designated a "habitual offender" and denied employment. An example of a habitual offender would be a person whose driving record reflects driving citations during each of the four preceding years, regardless of the number of demerits accumulated.

*The Federal Motor Carrier Safety Administration regulates drivers of any self-propelled or towed motor vehicle used on a highway in interstate commerce to transport passengers or property when the vehicle –

- (1) Has a gross vehicle weight rating or gross combination weight rating, or gross vehicle weight or gross combination weight of 4,536 kg (10,001 pounds) or more, whichever is greater; or
- (2) Is designed or used to transport more than 8 passengers (including the driver) for compensation; or
- (3) Is designed or used to transport more than 15 passengers (including the driver) and is not used to transport passengers for compensation; or
- (4) Is used in transporting material found by the Secretary of Transportation to be hazardous under 49 U.S.C. 5103 and transported in a quantity requiring placarding under regulations prescribed by the Secretary under 49 CFR, subtitle B, chapter 1, subchapter C.

** Examples of safety sensitive functions in Department of Transportation (DOT) regulated modes subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40 include, but not limited to, pipeline controllers, airplane mechanics, locomotive hostlers/helpers, bus drivers and any commercial driving position where a CDL is required.

Example: If you were a Local Delivery Driver at 123 Deliveries (NO CDL required) and an Over the Road Driver, where a CDL was required, for ABC Trucking and XYZ Trucking, you would answer Yes to Question 1 for 123 Deliveries and Yes to Questions 1 and 2 for ABC Trucking and XYZ Trucking, and you would complete and sign one "3 Year Drug and Alcohol History Release" for ABC Trucking and as additional release for XYZ Trucking.