

**1223 Route 7 South
Middlebury, Vermont 05753
Tel: (802) 388-2333
Fax: (802) 388-0271
E-Mail: don@acswwmd.org**

DATE: _____

PHONE #: _____ EMAIL _____

**PREVIOUS (IF LESS THAN 3 YEARS)
ADDRESS:**

STREET	CITY	STATE	ZIP CODE
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EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

DRIVER EXPERIENCE

	YES	NO	YEARS
CLASS 'A'	☐	☐	_____
CLASS 'B'	☐	☐	_____
CLASS 'C'	☐	☐	_____

LIST ENDORSEMENTS: _____

LOADER	☐	☐	_____
EXCAVATOR	☐	☐	_____
BACKHOE	☐	☐	_____
FORKLIFT	☐	☐	_____

ACCIDENT HISTORY – FOR PREVIOUS 3 YEARS

DATE OF ACCIDENT	NATURE OF ACCIDENT	FATALITIES OR PERSONAL INJURIES

MOTOR VEHICLE VIOLATIONS – OTHER THAN PARKING - FOR PREVIOUS 3 YEARS

DATE OF CONVICTION	OFFENSE (<i>be specific</i>)

HAS YOUR LICENSE EVER BEEN SUSPENDED, REVOKED, OR DENIED? YES NO (CIRCLE ONE)

IF YES, PLEASE EXPLAIN: _____

EMPLOYMENT HISTORY (LIST ALL EMPLOYERS IN THE LAST 3 YEARS PRECEDING THE DATE OF APPLICATION)

DATE, MONTH, YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
WERE YOU SUBJECT TO FMCSR* WHILE EMPLOYED?	YES NO (CIRCLE ONE)	WAS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT** ALCOHOL AND DRUG TESTING?	YES NO (CIRCLE ONE)

DATE, MONTH, YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
WERE YOU SUBJECT TO FMCSR* WHILE EMPLOYED?	YES NO (CIRCLE ONE)	WAS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT** ALCOHOL AND DRUG TESTING?	YES NO (CIRCLE ONE)

DATE, MONTH, YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
WERE YOU SUBJECT TO FMCSR* WHILE EMPLOYED?	YES NO (CIRCLE ONE)	WAS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT** ALCOHOL AND DRUG TESTING?	YES NO (CIRCLE ONE)

*FEDERAL MOTOR CARRIER SAFETY REGULATIONS

**FEDERAL DEPARTMENT OF TRANSPORTATION

LIST THE NAMES AND ADDRESSES OF EMPLOYERS FOR THE 7 YEARS PRECEDING THE 3 YEARS LISTED ABOVE IN WHICH YOU WERE THE OPERATOR OF A COMMERCIAL MOTOR VEHICLE:

EMPLOYER	ADDRESS	DATE OF EMPLOYMENT	REASON FOR LEAVING
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EMPLOYER	ADDRESS	DATE OF EMPLOYMENT	REASON FOR LEAVING
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ARE YOU ABLE TO LIFT 50 LBS? Yes No

I CERTIFY THAT ALL OF THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE DISTRICT'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE DISTRICT'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE DISTRICT. I UNDERSTAND THAT NO DISTRICT REPRESENTATIVE, OTHER THAN ITS DISTRICT MANAGER, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE DISTRICT MANAGER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I ACKNOWLEDGE THAT ANY EMPLOYMENT OFFER WILL BE CONTINGENT ON PASSING A PRE-EMPLOYMENT DRUG SCREENING.

SIGNATURE OF APPLICANT

PRINT NAME

The **Addison County Solid Waste Management District** is an equal opportunity employer. It is the policy of this District to provide equal employment opportunity to all applicants and employees without regard to race, color, religion, national origin, sex, sexual orientation, ancestry, place of birth, age, disability, HIV status, or other status protected by state or federal law. No question is asked on this application or during the application process for the purpose of excluding any applicant due to race, color, religion, national origin, sex, sexual orientation, ancestry, place of birth, age, disability, HIV status, or other status under federal or state law.