

PLEASE REMOVE THIS APPLICANT DATA SHEET AND FORWARD TO THE HUMAN RESOURCE DEPARTMENT PRIOR TO FORWARDING APPLICATION TO SUPERVISOR

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, sexual preference, marital or veteran status, medical condition or disability. As an employer, we comply with all reporting as required with all governmental regulations.

In an attempt to help us comply with the government record-keeping as accurately as possible, please complete the following information on this Applicant Data Record.

These forms are kept in a separate Confidential File separate from all employment applications and are used solely for our reporting responsibilities.

DATE: _____ **POSITION APPLIED FOR:** _____

REFERRAL SOURCE: Name of Newspaper _____ Name of Website _____

Name of person _____ **Sign Where?** _____ **Walk-In** _____

If other please describe: _____

NAME: _____ **PHONE:** (____) _____

ADDRESS: _____

AFFIRMATIVE ACTION SURVEY

Government agencies may require periodic reports on sex, ethnicity, disability and veteran status or applicants. This data is for analysis and affirmative action only. Submission of information is voluntary:

Check one: _____ **Male** _____ **Female**

Check one of the following: _____ **White** _____ **Black** _____ **Hispanic**

_____ **Asian/Pacific Islander** _____ **American Indian/Alaskan Native**

Check if any of the following are applicable:

_____ **Vietnam Era Veteran** _____ **Disabled Veteran** _____ **Disabled Individual**

VOGEL HOLDING, INC.
121 Brickyard Road
Mars, PA 16046

DRIVER'S APPLICATION FOR EMPLOYMENT

NOTE: U. S. DEPT. OF TRANSPORTATION REQUIRES THAT EMPLOYMENT FOR AT LEAST THREE (3) YEARS AND DRIVING RECORDS FOR AT LEAST TEN (10) YEARS BE SHOWN.

COMPLETE ALL INFORMATION REQUESTED

Name: _____ Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Current Address: Street: _____ City, State, ZIP: _____ No. Yrs. _____

Addresses for past seven years:

Street: _____ City, State, ZIP: _____ No. Yrs. _____

Street: _____ City, State, ZIP: _____ No. Yrs. _____

Answer **Yes** or **No** to the following:

Can you work: Shifts: _____ Weekends: _____ Overtime: _____ Date you can begin work _____

EXPERIENCE AND QUALIFICATIONS

License No. _____ State _____ Class _____ Expires _____

Type Truck Driven (Van, dump, flat, etc.)	Dates		Approximate number of total miles
	From	To	

ACCIDENT RECORD (Last five years)

Date	Nature of Accident (head-on, rear-end, overturned, etc.)	Injuries	Fatalities

TRAFFIC CONVICTIONS AND FORFEITURES (Last five years)
(Do not list parking violations)

Date	Locations (City & State)	Charges	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle of any type?

Yes _____ No _____ If yes, explain why: _____

Has your license, permit or privilege ever been suspended or revoked for any reason? Yes _____ No _____

If yes, explain why: _____

EMPLOYMENT HISTORY

All applicants 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 of 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.)

*Includes vehicles having a GWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding

Last Employer _____		Supervisor _____		
Address _____				
Street		City	State	Zip
Telephone _____	Position Held _____	From _____	To _____	Salary _____
Reason for Leaving _____		Did you drive a vehicle requiring a CDL? ___YES ___NO		

Last Employer _____		Supervisor _____		
Address _____				
Street		City	State	Zip
Telephone _____	Position Held _____	From _____	To _____	Salary _____
Reason for Leaving _____		Did you drive a vehicle requiring a CDL? ___YES ___NO		

Last Employer _____		Supervisor _____		
Address _____				
Street		City	State	Zip
Telephone _____	Position Held _____	From _____	To _____	Salary _____
Reason for Leaving _____		Did you drive a vehicle requiring a CDL? ___YES ___NO		

Last Employer _____		Supervisor _____		
Address _____				
Street		City	State	Zip
Telephone _____	Position Held _____	From _____	To _____	Salary _____
Reason for Leaving _____		Did you drive a vehicle requiring a CDL? ___YES ___NO		

Last Employer _____ Supervisor _____

Address _____
Street City State Zip

Telephone _____ Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____ Did you drive a vehicle requiring a CDL? YES NO

Last Employer _____ Supervisor _____

Address _____
Street City State Zip

Telephone _____ Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____ Did you drive a vehicle requiring a CDL? YES NO

Last Employer _____ Supervisor _____

Address _____
Street City State Zip

Telephone _____ Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____ Did you drive a vehicle requiring a CDL? YES NO

Last Employer _____ Supervisor _____

Address _____
Street City State Zip

Telephone _____ Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____ Did you drive a vehicle requiring a CDL? YES NO

TO BE READ AND SIGNED BY THE APPLICANT:

I certify that I have completed this application and that all entries on it and information provided are true and complete to the best of my knowledge.

I authorize Vogel Disposal Service, Inc. to make such investigations and inquiries from personal references, previous employers and such related matters as may be necessary to arrive at an employment decision. I hereby release any previous employer, school or person giving personal references from any and all liability in responding to inquiries made in connection with my application for employment with Vogel Disposal Service, Inc.

In the event of my employment, I understand that any false or misleading information given on this application or during any interview may result in discharge. I also understand that if an offer of employment is made I will be required to undergo and pass a physical examination including drug and/or alcohol screening before being permitted to begin my duties. I also understand that I am required to abide by all of the rules and regulations of Vogel Disposal Service, Inc. as permitted by law.

Date: _____ Applicant's Signature: _____

Date: _____ Company Representative: _____

**VOGEL HOLDING, INC.
121 BRICKYARD RD.
MARS, PA 16046**

PART I

DEAR FORMER EMPLOYER:

Please provide the following information regarding this applicant. It will be held in strict confidence. Return completed form to us as soon as possible by fax or mail.

Thank you!

Human Resources

REQUEST FOR EMPLOYMENT INFORMATION.

You are hereby authorized to give Vogel Disposal Service, Inc. any and all information regarding my services, character and conduct while in your employ, and you are released from any liability which may result from giving such information.

Date: _____

Applicant's Signature: _____ Applicant's Printed Name: _____

Applicant's Social Security No.: _____ Birthdate: _____

Former Employer's Name: _____ Phone / Fax: _____

Position Held: _____ Dates: From: _____ To: _____

Does the information noted above agree with your records? YES NO (Note correction below)

Reason for Leaving: Laid Off Resigned Discharged Other (explain)

Would you rehire: Yes No explain: _____

Type of truck driven: Tractor/Single Trailer Tractor/Double Trailer Straight Other

To your knowledge was driver's license revoked / suspended while in your employ? Yes No

Number of accidents: _____ Number of personal injuries: _____

Quality of work: Excellent Good Poor Safety habits: Excellent Good Poor

Driving skill: Excellent Good Poor Attendance: Excellent Good Poor

Quantity of work: Excellent Good Poor Paperwork: Excellent Good Poor

Date: _____

Signature: _____

Title: _____

Print Name: _____

THANK YOU FOR YOUR ASSISTANCE.

**VOGEL DISPOSAL SERVICE, INC.
121 BRICKYARD RD.
MARS, PA 16046**

PART II

DEAR FORMER EMPLOYER:

Please provide the following information regarding this applicant. It will be held in strict confidence. Return completed form to us as soon as possible by fax or mail.

Thank you!

Human Resources

REQUEST FOR RESULTS OF DRUG AND ALCOHOL TESTING

I hereby authorize you to release and forward any and all information about my drug and alcohol testing and/or training in accordance with Section 302.405(f)(h), and you are released from any liability which may result from providing information.

Date: _____

Applicant's Signature: _____ Applicant's Printed Name: _____

Federal Motor Carrier regulations (Part 382.413 a, b, c, e, & f) require us to obtain information from your company regarding this driver's previous drug and alcohol test results (including refusals to be tested).

In responding to these questions, include any drug and/or alcohol testing information you obtained from any previous employer under Section 40.25 or other DOT agency regulations.

1. Was this person subject to Department of Transportation Drug And Alcohol Testing during employment with you? Yes _____ No _____
If "yes" please complete items A through E below.
- A. Has this person had an alcohol test with a result of .04 or higher alcohol concentration? Yes _____ No _____
- B. Has this person had a verified positive drug test? Yes _____ No _____
- C. Has this person refused to be tested (including verified adulterated or substituted drug test results)? Yes _____ No _____
- D. Has this person committed any other violation of DOT drug and/or alcohol testing regulations? Yes _____ No _____
- E. If this person has violated any DOT drug and/or alcohol regulation, do you have documentation of this employee's successful completion of DOT return-to-duty requirements including follow-up testing? Please send copies of documentation back with this form if applicable. Yes _____ No _____

Completed by:

Print Name: _____

Signature: _____

Company Name: _____

Company Address: _____

Phone Number: _____

Fax Number: _____

THANK YOU FOR YOUR ASSISTANCE.